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**The 23rd International Nursing Ethics Conference**  
**Thirty Years of Nursing Ethics: Looking Back, Looking Forward**

***14<sup>th</sup> - 15<sup>th</sup> July 2023***

***Venue:***  
***University of Genoa, Italy***

**BOOK OF ABSTRACTS**

1. **ALBERTI Sara** - Presenting 14th July 2pm-3.30pm

**TITLE: A MIXED-METHODS SYSTEMATIC REVIEW ON PATIENT INVOLVEMENT IN NURSING EDUCATION**

**Presenter: Sara Alberti**

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**ABSTRACT**

**Background**

Patient involvement in nursing education is becoming increasingly important as a key to building partnerships and promoting patient-centred care and learning.

**Aim**

The aim of this study is to describe what happens when patients are involved as teachers in nursing education exploring effects on students, patients, and academic staff.

**Methods**

A mixed methods systematic review was conducted according to the Joanna Briggs Institute Methodology. Seven databases and reference lists were searched. Studies published from 2012 to 2022 were included. Two patients were involved as members of the research team in the discussion of integrated findings emerged from quantitative data transformation and qualitative synthesis.

**Results**

Twenty-one qualitative studies, 5 mixed-methods studies and 1 quantitative study were included. 12 integrated findings were identified, and ethical issues are addressed in them. The main issues are: (i) Learning with patient as teacher occurs through relational mechanisms that foster patient-centred outcomes (ii) Patient's educational intervention has an emotional impact on well-being and learning of students and patient himself (iii) The vulnerability of patients and learners needs to be taken into account in the educational process (iv) Open communication, shared decision-making process and an inclusive academic community are facilitators of patient involvement; prejudices, lack of support and recognition are the main barriers. Conclusions: Patient involvement is a complex educational intervention, and it affects not only students' learning but also students' and patients' well-being and academic culture. Ethical issues need to be considered in the implementation process.

2. **BANDARA Kumeri** - Presenting 14<sup>th</sup> July 11.30am -1.15pm

**TITLE: THE ETHICAL LANDSCAPE OF MIGRANT WORKERS IN UK CARE HOMES**

**Presenter:** Kumeri Bandara

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BA Social Anthropology and Romance Languages and Literatures from Harvard University (2018)

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**ABSTRACT**

The care home workforce in the UK and elsewhere is increasingly constituted of migrant workers. Yet, while research has outlined general challenges faced by migrants working in care homes, specifically ethical challenges and the role played by larger contextual factors in creating these challenges are relatively unexplored. What ethical challenges emerge in the context of migrants working in UK care homes? What factors cause these challenges? In this paper, I will answer these questions based on findings from empirical data I gathered over eight months in 2022. I interviewed forty migrant and non-migrant staff working in care homes and nursing homes in two different regions in the South of the UK. I also conducted observations in two care homes. I will first differentiate between what counts as ethical challenges and contextual factors. Then, I will outline ethical challenges such as misuse of technology, inability to report abuse and neglect of residents as well as care workers, unintentional abuse of residents, and unethical training and test taking practices in care homes. I will then show how lack of staff and time, language barriers, citizenship status, managers' and owners' financial interests, segmentary work culture, blame culture, migrants' feelings of indebtedness to managers, and power imbalances, among other factors, cause and worsen most ethical challenges. Finally, I will discuss how some seemingly imperceptible ethical challenges compound others, creating and perpetuating a cycle of harm towards care workers as well as residents.

3. **BASILE Ilaria** - Presenting Friday 14<sup>th</sup> July 2pm-3.30pm

**TITLE: PATIENT REPORTED OUTCOMES MEASURES (PROMS) EVALUATING DIGNITY IN PALLIATIVE CARE SETTINGS: AN INTEGRATIVE REVIEW.**

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**ABSTRACT**

**Background**

Dignity is a multidimensional concept that includes attributes like respect, autonomy, empowerment and communication.<sup>1</sup> It is something experienced by patients and each of them is unique in their requirements; for this reason it is essential to know from them how they conceive of their own dignity.<sup>2,3</sup> Dignity is one of the priorities in the care of dying patients in palliative care.<sup>4</sup> Palliative care is an approach that improves the quality of life and relieves suffering of patients who are facing serious illness through the early identification, correct assessment and treatment of pain and other problems.<sup>5</sup>

In palliative care, patient reported outcomes (PROMs) are used to monitor the course of symptoms, functional status and quality of life, to improve decision making and facilitate communication with clinicians.<sup>6</sup> PROMs are self-report questionnaires that assess aspects of perceived health, called Patient-reported outcome (PRO)<sup>7</sup>. PRO includes any outcome evaluated directly by patients without interpretation by anyone else. The use of a PRO measure is advised when measuring a concept best known or best measured from the patient perspective.<sup>8</sup>

A scoping review of Johstone et al. found different PROMs using in palliative care settings measuring patients' dignity<sup>9</sup>.

**Aim**

This review aims to map the literature to identify PROMs available to assess patients' perceptions of dignity in palliative care settings.

**Methods**

A scoping, integrative review will be conducted in accordance with Whitemore's five stages<sup>10</sup> and PRISMA guidelines. Literature will be searched in Medline, Cinahl, Embase, PsycINFO, SCOPUS, Web of Science and gray literature sources.

4. **BOROJEVIC Marzia** - Presenting 15<sup>th</sup> July 11.30am-1.15pm

**TITLE: GENDER AND SEX CONSIDERATIONS IN NURSING: UPHOLDING SOCIAL JUSTICE AND EQUALITY IN HEALTHCARE**

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**ABSTRACT**

Social justice, as defined by the World Health Organization, aims to reduce avoidable inequalities and promote fairness in healthcare. In nursing literature, social justice is often related to fairness and equity, which involve providing care that is responsive, sensitive, and appropriate for diverse populations. Despite some evidence indicating that women and men can experience different symptoms, responses to treatments, and risks for certain health conditions, as well as variations in communication, experience, and response to educational interventions depending on gender, nursing research, education, and care often neglect to consider the impact of sex and gender on health outcomes.

As healthcare providers, nurses have a moral obligation to ensure that all patients receive fair and appropriate care. Providing high-quality nursing care requires both nursing research that takes into account sex and gender differences and presents findings that consider these differences, as well as education that aims to sensitise future nurses and emphasise the importance of gender-sensitive nursing care. It is essential to acknowledge the impact of sex and gender differences on healthcare needs and outcomes to provide effective care to patients. Disaggregated data based on sex and gender can provide valuable insights into patients' healthcare needs and guide the development of effective healthcare interventions.

Given this moral imperative, it is crucial to highlight the importance of nursing research that considers sex and gender differences and explores strategies for integrating gender and sex considerations into nursing research. By doing so, nurses can promote equity in healthcare by addressing the unique needs of patients based on their sex and gender. This approach to research and education will be valuable for nurses who seek to uphold ethical principles and promote social justice in healthcare.

5. **BREHMER Laura Cavalcanti de Farias (1)** - Presenting 15<sup>th</sup> July 2pm-3.30pm

**TITLE: ACTIONS OF NURSES IN PRIMARY HEALTH CARE FROM THE PERSPECTIVE OF HEALTH ADVOCACY**

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**Authors:** Laura Cavalcanti de Farias Brehmer; Mara Ambrosina de Oliveira Vargas; Dulcinéia Ghizoni Schneider; Flávia Regina Souza Ramos; Mayara Souza Manoel; Sabrina Faust Blasius.

**ABSTRACT**

**Background**

Four essential attributes of Primary Health Care guide the organization of health systems around the world: access, longitudinally, integrity and coordination of care. Nursing works to promote ties and to value the autonomy of users, families, and the community. The relationships between the roles of Primary Care Nursing and their objectives for the promotion and consolidation of essential attributes show the ethical attitude of professionals in health advocacy actions.

**Aims**

Reflect on the approximations between nursing work in Primary Health Care and health advocacy.

**Methods**

Essay based on theories about the primary health care model under the theoretical framework of health advocacy. This framework is an ethical perspective for the act of a nurse.

**Results**

In the daily work in Primary Care services, nursing acts, permanently, as moral and political agents, to guarantee universal access to health. The work is organized in a team with strategies to meet the health needs of the population. Humanized practices recognize individual, family and community singularities and are evident in nursing actions. Also, the promotion of ties for longitudinal and comprehensive care. These elements of the practice of nurse are ethically committed.

**Conclusions**

Nursing work is characterized by actions for health promotion, for better quality of care, for co-participative interventions on the social determinants of health in Primary Care territories. These attitudes have ethical dimensions unequivocally associated with the professionals' defense of users' rights. Therefore, health advocacy represents the work of Nursing in Primary Health Care.

6. BREHMER Laura Cavalcanti de Farias (2) - Presenting 4<sup>th</sup> July 11.30am - 1.15pm

**TITLE: ETHICAL IMPLICATIONS IN PERSONAL BRANDING STRATEGIES IN NURSING**

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**ABSTRACT**

**Background**

Personal branding strategies are developed to build a unique personal identity with expressions of the professional's skills, objectives and values, for the job market or for clients. In different professional areas of the service sector, the phenomenon of the exponential use of social media for the dissemination of personal branding is observed. Health professionals, specifically nurses, find in this context the privileged space to promote their personal, professional brand.

**Aims**

Reflect the ethical implications in personal branding strategies in nursing.

**Methods**

Reflective theoretical study based on scientific literature on personal branding and ethics of professional values.

**Results**

In the personal brand of the Nursing professional, their own object of work, care, is their greatest highlight. Elements such as humanization, empathy, patient safety are associated with Nursing care and can compose the professional's personal brand in personal branding strategies. In addition to caring for people's health, Nursing advances in leadership roles and entrepreneurship. The values of care remain aligned, regardless of the professional's area of expertise. In care, management, research, education, politics or the entrepreneurial nurse in all these areas, the perspective of professional ethics is transversal.

**Conclusions**

The personal branding phenomenon is important for nursing, as it positively promotes knowledge of the profession, minimizing historical mistakes and stigmas. However, as ethical implications, the moral values of the profession in the context of the labour market must be a permanent object of reflection.

7. **CADORIN Lucia** - Presenting 15<sup>th</sup> July 11.30am - 1.15pm

**TITLE: ETHICAL DILEMMAS ENCOUNTERED IN END-OF-LIFE NURSING PRACTICE: A MIXED-METHODS SYSTEMATIC REVIEW**

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**ABSTRACT**

**Background**

Emerging ethical dilemmas in nursing have been explored extensively in the literature, both conceptually and practically, for their frequency and effects on nurses. Given their proximity to the patient, nurses are often involved in decisions accompanied with moral distress. Dilemmas are increasing steadily as a result of both biomedical development and the patient's empowerment to be autonomous in decision-making. Few indications are provided in the literature to support the management and processes to resolve ethical dilemmas, which could improve both organizational and care conditions and, consequently, patients' health and wellbeing.

**Aims**

To analyze and synthesize the available literature to identify ethical dilemmas/problems encountered in nursing practice related to the end-of-life phase, and highlight strategies and ways to implement solutions.

**Methods**

A mixed-methods systematic literature review was conducted following the criteria outlined in the PRISMA Statement for reporting systematic reviews. The main databases were consulted, and all studies conducted on nurses in the Italian and English languages were included. A thematic analysis approach was used to synthesize the emerging data.

**Results**

Twenty-two studies met the inclusion criteria, and both qualitative and quantitative studies were considered. The main themes were: (1) Ethical dilemmas/problems inherent in patient and family members; (2) Dilemmas/problems related to care environment, and (3) Tools and strategies adopted to address ethical dilemmas.

**Conclusions**

The results showed the wide prevalence of ethical dilemmas in all care settings and the importance of possessing tools to identify and resolve them to provide the highest quality of care.



## 8. CADORIN Lucia

### TITLE: EXPERIENCES RELATED TO ETHICAL DILEMMAS/PROBLEMS EXPERIENCED IN CLINICAL PRACTICE BY NURSING STUDENTS: QUALITATIVE DESCRIPTIVE STUDY

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#### ABSTRACT

##### Background

Nursing practice often requires nursing students to face ethical and moral difficulties, which exposes them to the emotional distress of those who have only recently begun treading healthcare environments. While the ethical problems that nurses encounter have been documented widely in the literature, the nursing student's experiences and conflicts still need to be explored to date.

##### Aims

First, to explore experiences related to ethical dilemmas/problems encountered in clinical practice on the part of students in the Bachelor of Science Nursing program at Udine University, and second, to analyze the way the students coped with emerging conflict situations and identify the facilitators and barrier to what.

##### Methods

A qualitative descriptive study was performed that adopted purposive sampling. Individual semi-structured interviews were conducted and videotaped with 14 third-year nursing students. The interviews were transcribed word-for-word, and the data were synthesized through thematic analysis.

##### Results

Seven main themes emerged: Problems and dilemmas; experiences; conflict situation management; resources; obstacles; new learning from experience; rhetorical figures, and meaningful words.

##### Conclusions

The results of the study are consistent with those in the literature and are offered as valuable insights to refine the training related to the issues discussed further. The findings showed that it is necessary to provide time dedicated to listening, expression, and reworking past experiences related to ethical dilemmas/problems to reduce nursing students' emotional suffering and/or moral distress.

9. **CADORIN Lucia** - Presenting 14<sup>th</sup> July 2pm-3.30pm

**TITLE: HOSPITALIZED PATIENTS' PERCEPTION OF DIGNITY: A META-SYNTHESIS**

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**ABSTRACT**

**Background**

Dignity is a most important human value that is guaranteed to all individuals from birth and is influenced by culture and society. Safeguarded by various laws and declarations, it represents one of the fundamental human rights. Preserving human dignity is an integral part of nursing work and a core concept of care, and is considered the fundamental role of the nurse in the interaction with patients and their family members. Dignity represents a very subjective and personal concept; there may be differences in the way patients perceive it and the ways in which nurses maintain it in clinical practice.

**Aims**

To analyze and synthesize the literature on adult patients' perception of dignity in a hospital setting.

**Methods**

A qualitative systematic literature review guided by the standards of reporting of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses and meta-synthesis approach. Major databases were searched to identify studies conducted on hospitalized patients aged  $\geq 18$  years. The thematic analysis approach was used to synthesize the emerging data.

**Results**

Twenty-three qualitative studies met the inclusion criteria, and the data analysis revealed six main themes: (1) the meaning of dignity; (2) privacy and confidentiality; (3) environment; (4) caregiver behavior and characteristics; (5) communication and relationship with caregivers, and (6) the patient's condition.

**Conclusions**

The results show how patients are vulnerable to loss their dignity in hospital. By identifying the principal factors from patient's perspectives that contribute to promote dignity, nursing care in clinical practices can be improved and developed.

**10. CARAM Carolina** - Presenting 14<sup>th</sup> July 11.30am-1.15pm

**TITLE: REINVENTED NURSING ADVOCACY DURING THE PANDEMIC: AN EXAMINATION OF ICU NURSES' COMMUNICATION**

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**ABSTRACT**

**Background**

Nursing advocacy involves protecting patients' interests by providing correct and transparent information, maintaining loyalty to patients, and supporting their decisions even if they contradict those of professionals or the family. Such decisions and actions related to advocacy are materialized in relationships with patients/families and the team through effective communication and the sharing of responsibilities. While previous studies have made visible the advocacy actions of nurses during the pandemic, they have not explicitly included a theoretical lens to help articulate the role of patient vulnerability in nurses' advocacy work.

**Aims**

To examine ICU nurses' patient advocacy during the pandemic, using feminist ethics as a theoretical lens to add understanding to the importance of advocacy as central to nurses' moral identity.

**Methods**

A qualitative study was carried out in a Brazilian Intensive Care Unit with 25 nurses during the pandemic. Data was collected using semi-structured interviews and analyzed by Discursive Textual Analysis.

**Results**

Communication allowed nurses to express the desires and needs of patients and to share responsibilities between the team and patients/families. During the pandemic, communication was hampered due to fear of contagion, distancing, and protective equipment. Given these challenges, nurses reinvented the practice of advocacy with the support of technology to re-establish communication and enable shared responsibility and patient autonomy.

**Conclusions**

Communication strengthens the social position of nurses, as a strategy for advocacy, linking patients with the team to translate an understanding of their needs. This communication facilitates information sharing and decision-making, diminishing patients' vulnerability.

**11. CASTALDO Anna** – Presenting 14<sup>th</sup> July 11.30am-1.15pm

**TITLE: NURSES' EXPERIENCES OF ACCOMPANYING PATIENTS DYING DURING THE COVID-19 PANDEMIC: A QUALITATIVE DESCRIPTIVE STUDY. FOCUS ON ETHICAL CONFLICT (1)**

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**ABSTRACT**

**Background**

The COVID-19 pandemic negatively affected normal rituals of accompanying dying patients and mourning. Visits by patients' relatives to healthcare facilities were restricted-worldwide, even during patients' end-of-life.-

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**Aims**

To explore nurses' experiences of accompanying dying people during the COVID-19 pandemic.

**Methods**

A qualitative descriptive design was used. A purposive sample of nurses was selected. We carried out Focus Group (FG) video call interviews from August to December 2020. The verbatim transcripts were analyzed through inductive content analysis.

**Results**

A total of 31 nurses participated in six FGs; 28 were females; participants were aged  $41 \pm 11$  (range 25-63 years) and worked in Italian hospitals and nursing homes. FGs lasted an average of 95 minutes. Five main categories emerged describing nurses' experiences: 1) unprecedented deaths in the time of COVID-19; 2) ensuring physical, emotional, interpersonal and spiritual care for dying patients and supporting their families despite difficulties; 3) ensuring care procedures of patients' bodies after death; 4) ethical dilemma and psychological consequences of caring for dying people; and 5) learning from their experience.

**Conclusions**

The experiences of accompanying dying patients were highly traumatic for nurses. They provided optimum care for dying patients, replacing their relatives and accompanying them as they died. Limited resources and medical devices caused moral distress. They experienced ethical conflict about triage of intensive care patients, allocation of resources and seeing dying alone many patients.

12. **CASTALDO Anna** - Presenting 14<sup>th</sup> July 11.30am-1.15pm

**TITLE: NURSES' EXPERIENCES OF ACCOMPANYING PATIENTS DYING DURING THE COVID-19 PANDEMIC: A QUALITATIVE DESCRIPTIVE STUDY (2)**

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**ABSTRACT**

**Background**

The COVID-19 pandemic negatively affected normal rituals of accompanying dying patients, mourning and nurse's physical and emotional well-being. limited resources, shortage of ICU beds and medical devices caused nurse's moral distress, ethical distress and moral conflict.

**Aims**

To explore nurses' experiences of accompanying dying people during the COVID-19 pandemic and to evidence nurse's ethical dilemmas and their psychological consequences.

**Methods**

A qualitative descriptive design was used. A purposive sample of nurses was selected. We carried out Focus Group (FG) interviews from August to December 2020 through Microsoft Teams platform, until data saturation was reached. The verbatim transcripts were analyzed through inductive content analysis.

**Results**

31 nurses participated in six focus groups; 28 were females; participants were aged  $41 \pm 11$  (range 25-63 years) and worked in hospitals and nursing homes in Northern and Central Italian regions. Focus groups lasted an average of 95 minutes. Five main categories emerged: 1) unprecedented deaths in the time of COVID-19; 2) ensuring physical, emotional, interpersonal and spiritual care for dying patients and supporting their families; 3) ensuring care procedures of patients' bodies after death; 4) ethical and psychological consequences of caring for dying people; and 5) learning from their experience.

**Conclusions**

The experiences of accompanying dying patients were highly traumatic for nurses; despite that they managed to provide optimum care for dying patients, replacing their relatives at the patients' bedside and accompanying them as they died. However, they experienced moral conflict about the allocation of resources and seeing dying patients alone.

13. **CAVALIERE Bruno** - Presenting 14<sup>th</sup> July 11.30am to 1.15pm

**TITLE: TOP MANAGEMENT, ETHICALLY ORIENTED ORGANIZATIONS AND SUSTAINABILITY. WHAT RELATIONSHIP EXISTS?**

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**ABSTRACT**

**Background**

Ethics are fundamental in healthcare organization, as they guide the decisions made by healthcare professionals and affect the quality of care provided to patients. The importance of ethics in the management of healthcare organizations is manifested in various aspects in clinical practice and in the governance of healthcare administration. Top management is the group involved in managing the activities of healthcare organizations and defining business strategies, attached to have a major responsibility in ensuring that the organization functions in an ethical manner, and that the corporate culture reflects ethical values of the organization itself.

**Aims**

Ethics can help foster a culture of accountability in healthcare organizations. The ethical organization seeks to make decisions based on consideration of all stakeholders involved, such as employees, customers, suppliers and the community in which it operates.

**Methods**

The evaluation of the quality of the scientific studies was conducted through evaluation forms of quality and external and internal validity. Search term such as "governance", "management" and "sustainability".

**Results**

Articles in the journal "BMC Medical Ethics" published in 2020 evaluated the role of ethics in the management of sustainable healthcare organizations. The authors argue that ethics should be at the heart of health care organizations' sustainability decisions and policies, to ensure that choices are fair, equitable, and sustainable in the long term.

**Conclusions**

In conclusion, ethics play an important role in healthcare organization, influencing the quality of care provided to patients, through a sustainable organization.

14. **CHEN Huan** - Presenting 15<sup>th</sup> July 2pm-3pm

**TITLE: CARING ETHICS FOR OLDER PEOPLE IN CHINA: FROM SON'S FILIAL PIETY TO THE COMMUNITY RESPONSIBILITY**

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**ABSTRACT**

With the rapid growth of aging, China had the largest number of older people. How to resolve the problem of elderly care? Care ethics in traditional China just require the son's filial to the aging parents. During the transition of societal development and change of the family structure, the aging problem has become an emerging public issue, which require the family, the nursing institution, the community service and the government to share the responsibility of eldercare. In recent circumstances, there are three problems: first is pension policy lacks institutional care; second is the societal institution lacks care ability, and the third is the family lacks the emotional and spirit care. The reasons are complex backgrounds of societal transition, the lacks of systematical training of eldercare professional staff and the changes of life-style for the aged in China. Therefore, in the view of care ethics, it's a must to accomplish the institutional care through improving the elderly security system, strengthen the ability of the employees in the facilities, construct friendly family atmosphere of respect and love elderly, and encourage the elderly self-care and mutual care for others.

15. **CHIAPPINOTTO Stefania & LONGHINI Jessica** – Presenting Friday 14th July, 11.30am to 1.15pm

**TITLE: INSTRUMENTS TO ASSESS MORAL COMPETENCIES AMONG NURSES AND NURSING STUDENTS: SYSTEMATIC REVIEWS OF PSYCHOMETRIC PROPERTIES**

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**ABSTRACT**

**Background**

Moral competence is defined as the capacity to solve problems and conflicts on the basis of moral principles. The proper application of moral competencies among nurses is threatened by the increasing workload and staff shortage and the COVID-19 pandemic exacerbated the challenge of being a morally competent nurse. Therefore, a proper evaluation of moral competences is relevant more than ever. Despite the different instruments available to assess moral competences, a quality appraisal of psychometric properties was not conducted in the nursing field.

**Aim**

To provide (a) a summary of validated instruments assessing moral competence among nursing professionals and nursing students, (b) their psychometric properties and (c) the quality of the methodologies used in the validation processes performed.

**Methods**

A systematic review of literature was conducted through six electronic databases. Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines and COnsensus-based Standards for the selection of health Measurement Instruments checklists were adopted to conduct the review and perform the methodological quality evaluation of studies, respectively.

**Results**

We included 48 studies out of 12581 retrieved from databases. The instrument more frequently documented in the studies available is the Moral Competence Scale. At the overall level, most of the tools emerged have been validated by using low quality of methodologies resulting affecting the psychometric properties documented.

**Conclusions**

Identifying the most reliable instruments to assess moral competences among nurses is a key factor to inform decisions of researchers, nurse educators, and policymakers to identify needs and gaps in daily practice and further design educational programs and appropriate interventions to foster moral competences. Further studies evaluating to evaluate psychometric properties of available instruments are called to ascertain their reliability and cultural validity.



16. **CHU Yuan (Aislinn)** - Presenting 14<sup>th</sup> July 2pm-3.30pm

**TITLE: ETHICAL ISSUES RELATED TO MEASURING POST-INTENSIVE CARE SYNDROME AMONG PATIENTS DISCHARGED FROM ICU IN CHINA**

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**Authors:** Ms. Yuan Chu, Prof. Fiona Timmins, Prof. David R Thompson

**ABSTRACT**

**Background**

In response to a clinical need, and gap within the research literature (Chu et al, 2021, 2022,2023), I aim to explore the prevalence of PICS and its predisposing factors amongst adults discharged from one 50-bed ICU in China.

**Aims**

To outline and discuss ethical issues related to measuring post-intensive care syndrome (PICS) among patients discharged from an Intensive Care Unit (ICU) in China.

**Issues related to ethics**

To address the research questions for this project, a range of health data will be accessed related to patients admitted to the ICU. However, increasingly, the ethical issues associated with accessing and using patient health data pose challenges for researchers regarding the need to ensure privacy, integrity, and appropriateness of data use (Viberg Johansson et al, 2022). European approaches to GDPR, for example, have had a significant effect on the type of data that can be accessed, and how this should be managed (Kirwan et al, 2021). However, at the same time, ensuring the production of meaningful findings that can inform practice, requires, as is the case in this study, scrutiny of patient demographics and selected clinical parameters. This presents significant challenges for this study, especially in the context of differing ethical requirements across the two countries (Ireland and China). A second and crucial ethical issue relates to the potential diagnosis of PICS among the cohort, and how best to manage this.

**How to address ethical issues**

To address both issues, first and foremost, ethical approvals were obtained from the local hospital, as well as the university Research Ethics Committee. To protect patient data, I adhere to the EU GDPR legislation and Data Security Act 2021 China. Patient health-related data will be de-identified by assigning unique identifiers.

In response to the ethical dilemma of potentially screening for PICS in patients, I took into account whether or not to disclose potential diagnoses to participants and potential false results causing unnecessary anxiety, stigma, or other harm to participants. Additionally, I considered the potential impact of a diagnosis on a participant's mental and physical health, ensuring the participants were given clear information on follow-up clinics and, where necessary, access and referral to appropriate resources.

**Discussion**

The most important finding from this experience was the significance of obtaining sound informed consent; I used various methods during the recruitment process to ensure that potential participants fully understood the nature of the research and the risks and benefits before their consent.

17. **COHEN Ricky Bitton** - Presenting 14<sup>th</sup> July 11.30am-1.15pm

**TITLE: MEDICATION COMPLIANCE AMONG ASYLUM-SEEKERS IN ISRAEL**

**Main author's information:**

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**ABSTRACT**

**Background**

Global estimates from 2021 indicate that more than 26 million individuals left their countries of origin, many of them becoming migrants due to war, severe poverty or persecution. In Israel, estimates suggest more than 30,000 asylum seekers, most of whom are from Eritrea and Sudan. Most of them live in poverty and are constantly under the threat of discovery and deportation, which makes finding work challenging. Living conditions are often over-crowded, acute illness is prevalent, adding to the chronic mental problems such as depression and anxiety, and chronic physical health problems such as diabetes and hypertension.

**Aims**

(1) To identify barriers to accessing healthcare services and compliance with pharmaceutical products among asylum-seekers in Israel; (2) To characterize asylum-seekers who successfully obtain the pharmaceutical products prescribed for their health care needs.

**Methods**

Qualitative constructivist study using in depth 30 face to face interviews with asylum-seekers who have sought and received services from the non-profit organization "Terem". Terem provide medical treatment and needed prescriptions, which are donated by "Teva". As a result, all prescriptions are provided free of charge.

**Results**

Preliminary results from the clinic reports, indicate a 20% compliance rate with pharmaceutical products among asylum-seekers in Israel.

**Conclusions**

At both the national and international levels, health inequities faced by asylum-seekers demand an integrated policy approach involving partnership and collaboration, among all relevant sectors. Locating the barriers and finding the unusual behavioral practices adopted by some of the asylum seekers will help increase compliance with the proposed treatment and improve their health outcomes.

18. **COSENTINO Chiara** - Presenting 15<sup>th</sup> July 11.30am -1.15pm

**TITLE: EXPRESSIVE WRITING AS TOOL SUPPORTING PALLIATIVE CARE HEALTH PROFESSIONALS: A RESEARCH LINE.**

**Main author's information:** Chiara Cosentino, PhD, Clinical Psychologist

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**Authors:** Chiara Cosentino, Giovanna Artioli, Leopoldo Sarli

**ABSTRACT**

**Background**

Palliative care professionals (PCPs) approach the care process utilizing their emotional and moral assets. This can result in burnout, making it important for healthcare organizations to address their emotional needs with a tool effective and manageable with limited resources. Expressive Writing (EW) has been shown to be an effective tool in supporting the processing of traumatic experiences.

**Aims**

The overall aim of this research line was to assess the effectiveness of EW in supporting the wellbeing of PCPs. The specific objectives included evaluating the effects of EW on organizational variables (2019), individual wellbeing (2020), and emotional changes (2021).

**Methods**

- A prospective quasi-experimental 2x2 design to study organizational commitment, compassion satisfaction and group cohesion;
- Same design to study resilience, and impact of traumatic events;
- A qualitative research design, using interpretive phenomenological analysis and meaning shift on 50 pre-post texts.

The EW protocol was standardized in procedure, mandate, and timing, with refinements made between each study to determine the most effective approach.

**Results**

EW led to:

- Equalization of normative commitment between groups;
- A decrease in anger, sleep disturbances, and negative emotional responses to traumatic events;
- A shift in focus from T0 to T1, with increased awareness of the value of teamwork and a stronger emotional focus on patient relationships.

**Conclusions**

These studies demonstrate the effectiveness of EW in supporting the wellbeing of PCPs. Further research is ongoing to determine the most effective EW protocol and the easiest way to implement it in healthcare organizations.

19. **CUSVELLER Bart** - Presenting 14<sup>th</sup> July 2pm-3.30pm

**TITLE: 'DOING THE RIGHT THING, EVEN WHEN EVERYONE IS LOOKING': PROFESSIONAL INTEGRITY IN NURSING ETHICS**

**Main author's information:**

Bart Cusveller PhD (presenter) in collaboration with Joanne Lassche-Scheffer MA RN, Hannan van Rooij BN RN, Siebo Tolsma BN RN and Annegre Roos BN RN  
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**ABSTRACT**

**Background**

Although high profile integrity issues appear in the media frequently, especially pertaining to public administration, business administration, and entertainment, few empirical data is available on professional integrity in the daily practice of caring professions like nursing. There is some argument-based literature on the concept of integrity in nursing, but limited evidence-based literature on its clinical realities.

**Aims**

The aim of this presentation is to share findings on integrity issues in caring professions and nursing specifically, analyzing their nature and context. The objective is to contribute knowledge and tools to address such issues in clinical practice and education in nursing ethics.

**Methods**

Qualitative analysis of data from desk research of disciplinary cases in nursing, focus group interviews with experts, and questionnaires among nursing students.

**Results**

Our studies identified three dimensions of professional integrity and five themes helping to hold these dimensions together. These dimensions are use of self, use of professional context, and person-centered purpose. The five themes are congruence, transparency, openness, carefulness, and benevolence. The subdivisions of dimensions and themes suggest tools for reflection and research to be tested in subsequent projects.

**Conclusions**

Professional integrity is a moral quality of professionals crucial for the trust of the public, i.e. recipients of care, in caring professionals, and hence for the basis of the care relationships as such. Hence it can be argued it is of central importance to clinical practice and ethics education in nursing. Data collection has only just begun, however, and warrants more research.

20. DE LUCIA Francesca - Presenting 14<sup>th</sup> July 11.30am -1.15pm

**TITLE: VALUE OF WORDS IN FUNDAMENTAL CARE NURSING**

**Primary author and Presenter:** Francesca De Lucia, MSN student, RN, Ospedale Evangelico Internazionale di Genova, Pzz.le Eufisio Gianasso, 4, 16158, Genova, Italy.  
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**ABSTRACT**

**Background**

In recent years numerous studies have investigated how often Fundamentals of Care (FOC) were not performed or postponed. In addition, nursing students often give little importance to the surveillance and fundamental care activities perceived as “common sense” and attributable to support staff.

**Aims**

To understand how first-year nursing students address patients’ needs.

**Methods**

A qualitative research was conducted. Purposeful sampling of nursing students was used. We conducted three in-depth semi-structured interviews. The interviews were audio-recorded, verbatim transcribed, and analyzed using thematic analysis.

**Results**

Four themes were identified from the data: recognition of the patient's needs, the power of words, re-considering the value of fundamental care and beyond the boundaries of barriers. Words have immense power, particularly in nursing. Moreover, words can either enhance or undermine the results of treatment and strongly affect the patient’s wellbeing. Nursing students reported that words are the most direct part of the communication that arrives quickly to patients. They involve two words that both patients and professionals often use: listening and empathy. Listening is the basis for a positive and mutually satisfying and respectful communication. In addition, nursing students, reported that they are satisfied when they are thanked and receive compliments from patients and relatives.

**Conclusions**

We found how a trusting relationship, which is at the core of the FOC framework, has a strong impact on patient satisfaction, safety of care and on nursing students’ satisfaction.

21. **DE MARIA Maddalena** - Presenting 14<sup>th</sup> July 2pm-3.30pm

**TITLE: DEVELOPMENT AND INITIAL TESTING OF THE NURSING'S PROFESSIONAL DIGNITY SCALE**

**Primary author and Presenter:** Maddalena De Maria, PhD, RN  
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**Authors:** De Maria Maddalena, Sabatino Laura, Caruso Rosario, Ivziku Dhurata, Piredda Michela, Rocco Gennaro, Stievano Alessandro.

**ABSTRACT**

**Background**

Human dignity is considered a vital overarching value. Person's dignity is inherently ingrained in the person's body and is associated to the social appreciation persons experience in their interactions with other persons in the real life. In this framework, dignity is recognized as a critical feature of workplace settings. The recognition of nursing professional dignity could have a positive impact on patients because nurses are more prone to foster patients' dignity, patients' safety, and a better quality of care if their own dignity is respected.

**Aims**

To develop and psychometrically test the Nursing's Professional Dignity Scale, a measure of nursing's professional dignity.

**Methods**

A multicentre cross-sectional cross-validation study was conducted between June 2021 and August 2021 in a convenience sample of 228 nurses working in med-surg units in a healthcare organization in the USA. We developed a 19-item self-report instrument based on the theoretical model derived from the meta-synthesis and on related nursing's professional dignity literature. After demonstrating content validity, psychometric testing was conducted in the sample. Dimensionality testing with confirmatory factor analysis preceded reliability testing.

**Results**

The sample mean age was 35.6 years, 95.8% were female. The Nursing's Professional Dignity Scale fits well when tested with a three-factor confirmatory (self-respect, respectful interrelationship, and work environment factors). Reliability in terms of internal consistency and inter-rater reliability were satisfactory.

**Conclusions**

The Nursing's Professional Dignity Scale is adequate in reliability and validity. We suggest further testing in diverse nursing populations also working in diverse clinical settings.

22. **DEPETRIS Giulia** - Presenting 14<sup>th</sup> July 2pm-3.30pm

**TITLE: GENDER VIOLENCE: THE TAKING CHARGE OF THE WOMAN VICTIM OF DOMESTIC ABUSE.**

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**AUTHORS:** Giulia Depetris, Maria Romilda Filice, Davide Pinto, Davide Ulivieri

**ABSTRACT**

**Background**

Domestic violence against women is a major human rights violation with a serious impact on physical and psychological health. This is a current challenge for nurses, who play a key role in recognizing the victims and identifying their health needs. There are some difficulties though, as the last studies highlight.

**Aims**

The aim of this study is to analyse the experience, perceptions and the self-consciousness of the nurses who provide healthcare to domestic violence victims in the Emergency Departments and to evaluate the knowledge and familiarity with the clinical guidelines made available by the health authority.

**Methods**

A semi-structured interview, from a study by Ruthie Robinson (2006), was conducted in a phenomenological qualitative approach. It was administered to nurses who work in the emergency room of "Policlinico San Martino". The interviews were recorded, translated and transcribed verbatim. The technique of Colaizzi's data analysis was used to extract, organize and analyze the data.

**Results**

Four main themes emerged during analysis of the interviews: "frustrations and disappointment", because nurses may be struggling to break the silence of victims; "matter of intuition" useful but not enough to maintain high healthcare standard; "priority" because nurses think that it's an underestimated issue and "empathy" as the best way to approach who is victim of domestic abuse.

**Conclusions**

Specialized training and reserved special areas could help nurses to provide a patient centered and effective care to victims of domestic violence. Consultation with standard guidelines is recommended



23. DIAZ GAITAN Nidia Sofia - Presenting 14<sup>th</sup> July 11.30am - 1.15pm

**TITLE: QUALITY OF END OF LIFE OF INPATIENTS WHO DIED OF COVID-19**

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**AUTHORS:** Nidia Sofia Diaz Gaitan, Simona Morganti, Michele Galluci

**ABSTRACT**

**Background**

Rights of the Dying People Charter places end-of-life issues from the perspective of the dying person. End of life during COVID 19 was a challenge.

**Aims**

Analyse end of life for inpatients dying from COVID-19 in 2020 in the first two waves. (1st March-May 31, and 1st September- 31st) through the opinions of the healthcare providers who assisted them; compare both waves and compare opinions of the healthcare providers.

**Methods**

online questionnaire based on Rights of the Dying People Charter was subjected to healthcare providers.

**Results**

Seventy-two nurses and 19 physician answered for the first wave. Sixty-six 68 nurses and 16 physicians answered for the second wave. Greater adherence to the rights of the dying was found in the second wave, specially about information patient condition (from 41.3% to 63.1% in the second,  $p=0.0039$ ) answers for patient questions (from 44.6% to 59.2%;  $p=0.05$ ). Minor adherence was encountered about proximity of loved ones patient (from 4.3% to 15.5%  $p=0.012$ ), There was agreement between healthcare provider (Cohen's kappa  $> 0.8$ ) for proximity of loved ones, patient loneliness, environment, religious and psychological comfort, treatments and relief from physical symptoms. There was disagreement about informing patients of their condition (nurses  $K=0.34$ ; doctors  $K=0.84$ ).

**Conclusions**

The study based on the opinions of healthcare provider showed better end-of life adherence to the Rights of the Dying People Charter during second wave specially about the information and communication to patients. Treatment of physical symptoms was always a priority. Psychological and spiritual needs were less primary issues.

24. **FUSETTI Viviana** - Presenting 15<sup>th</sup> July 11.30am - 1.15pm

**TITLE: ADVOCACY ROLES OF CASE MANAGER NURSES IN ADVANCED CANCER PALLIATIVE CARE: A SCOPING REVIEW.**

**Main author's information:**

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**ABSTRACT**

**Background**

Advanced cancer-related symptoms may interfere with patients' independence, requiring a provider to advocate for their needs. Case Manager Nurses (CMNs) adopt advocacy as a form of care, safeguarding resource allocation or balance between patients' and caregivers' priorities while endorsing ethically challenging decisions such as patients' right to care refusal. Nursing advocacy is still a poorly understood concept and needs to be explored in the palliative care CMN role in improving opportunities of choice for patients.

**Aims**

To scope current literature for components of CMN interventions addressed at patients' advocacy.

**Methods**

Following the Joanna Briggs Institute guideline for scoping research, we consulted six biomedical databases. Results were screened for title-abstract and full text; primary studies regarding CMN interventions performed in cancer palliative-care settings were eligible for inclusion. Data were extracted and presented with a narrative synthesis.

**Results**

Seven studies met the inclusion criteria on 1324 retrieved; all documented advocacy activities for CMNs. The analysis was performed according to the "Advocacy in Nursing" concept: A) *Patient advocacy*: management of concerns and wishes (5/7), management of advanced care directives (2/7), and personal safety (3/7). B) *Policy advocacy*: assistance with healthcare and community access and navigation (5/7), multidisciplinary network and referral (4/7). C) *Information provision*: hospice information (2/7), education and empowerment (6/7).

**Conclusions**

Only a few studies documented CMN's role clearly in cancer palliative care; future research should focus on an enhanced description of CMN activities, to develop an evidence-based practice framework and documentation and foster patient autonomy and well-being in the end-of-life.

25. **GELDER Grace** - Presenting 15<sup>th</sup> July 2pm-3.30pm

**TITLE: SEEING WITH CARE**

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**ABSTRACT**

This presentation shares photographs and creative writing produced during my practice-based PhD research project *Seeing With Care: Exploring Moral Moments and Moral Distress in Intensive Care Nursing Through Photography*.

Taking place in Hôpital l'Archet in Nice, France, over a period of 2 months, the workshops investigate the ways that photography can offer new understandings about morally challenging work-based experiences, using both smartphone and analogue methods. The group of nurses are given a range of photographic tasks to undertake, including a series of prompts and starting points based on Georgina Morely's categories for moral events: Conflict, Constraint, Uncertainty, Tension and Dilemma. The research is due to finish in mid-June 2023, so I am proposing to share initial findings at this conference.

The presentation will discuss the ethical considerations that arose when bringing cameras into a hospital setting and the advantages and limitations of the medium for this particular research. I will discuss the choices that were made during the research design process in order to tailor the project to this particular context and how a care ethical approach to facilitation and collaboration was attempted.

The presentation will share research in progress and initial findings with speculations about the future potential of the project.

## 26. GOBBI Paola

### **TITLE: BOOK - PATIENTS' STORIES TO TALK ABOUT BIOETHICS TO CITIZENS AND HEALTHCARE PROFESSIONALS**

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**Authors:** Paola Gobbi, Rosa Anna Alagna, Daiana Campani, Annalisa Colombo, Doriana Montani, Claudia Passoni, Ornella Teti

#### **ABSTRACT**

##### **Background**

The daily practice of nursing care is fraught with perplexities and obliges nurses to make choices in which important moral values come into play. The most effective method for conveying ethical-deontological content is through the comparison with clinical cases (the "patients' stories") as healthcare professionals prefer to start from practice rather than philosophical approaches (1).

##### **Aims**

Identify an original and effective tool for transmitting ethical-deontological content to healthcare professionals and students, but also to the general public who has become more sensitive to ethical issues in healthcare during the pandemic period.

##### **Methods**

In June 2020, the book "Stories of people, voices of nurses" was published in Italy (2). The book, written by eight nurses, uses narration as its main tool. It presents itself as a collection of about sixty ethical stories, experienced and directly told by nurses, partially analyzed using Spinsanti's "case analysis method" (1). The sixty ethical cases that make up the book were collected during ad hoc training courses (focus groups) conducted among multidisciplinary groups of professionals, mainly nurses (3).

##### **Results**

The book represents the first publication of its kind in Italy, widely targeting the general public, professionals, and students. The stories are classified according to the major ethical themes of everyday care practice and frontier bioethics. A chapter is dedicated to the ethical issues that emerged during the pandemic.

##### **Conclusions**

So far, the book has sold 1000 copies. The book has proven to be a useful tool for conveying a positive social image of the nursing profession.

27. **GOBBI Paola** - Presenting 15<sup>th</sup> July 11.30am - 1.15pm

**TITLE: THE NARRATIVE NURSING LABORATORY MILAN: A VIRTUAL SPACE TO DISCUSSION BETWEEN NURSES**

**Main author's information:** Paola Gobbi, MSN, RN

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**Authors:** *Paola Gobbi, , Annalisa Colombo, Doriana Montani, Chiara Pari, Claudia Passoni*

**ABSTRACT**

**Background**

The Narrative Nursing Laboratory Milan is an original reality in Italy, which has been active for three years now. It currently has a following of about 3000 followers on the dedicated Facebook page. It was created by a group of nurses in June 2020, on the occasion of the publication of their book "Storie di persone, voci di infermieri" (Stories of People, Voices of Nurses) (1)

**Aims**

In addition to marketing initiatives related to the publication, the Nursing Narrative Laboratory aims to represent one of the voices, which are rather scarce in the Italian nursing landscape, for the debate on ethical-deontological issues concerning healthcare practice.

**Methods**

The main tool used by the Nursing Narratives Laboratory is storytelling. On the website, they host stories and clinical cases, and discuss ethical issues both in Italy and internationally, such as medically assisted suicide, violation of immigrant rights, difficulties accessing abortion, etc.

**Results**

For 2023, the Laboratory has planned a series of online events called "Tuesdays with the Nursing Narratives Laboratory", which will take place on a monthly basis. Some of the authors of the book will meet with authoritative colleagues who have implemented good healthcare practices in their work contexts, providing concrete answers to the ethical problems of daily care (as "the right to remember" through intensive care diaries, sports therapy for children with cancer, elimination of physical restraint)

**Conclusions**

The access to all of the events is free of charge. You just need to connect with the Facebook page of the Laboratory.

28. **GOEDECKE Christiane** - Presenting 15<sup>th</sup> July 11.30am-1.15pm

**TITLE: THE ETHICS CAFÉ AS A METHOD OF ETHICS COMPETENCE DEVELOPMENT IN THE CARE AND HEALTH SECTOR**

**Main author's information:** Christiane Gödecke Annette Riedel, Prof. Dr. MSc.

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**ABSTRACT**

**Background**

The tradition of the Ethics Café follows on from the "cafés philosophiques", where interested people met in the 1990s to discuss philosophical topics. The overall aim of the ethics café in the context of ethics education is, among other things, to deal analytically and in a systematised way with, for example, ethical uncertainty and changes in perspective.

**Aims**

The aim of this research is to find out which (sub-) competences can be developed with the ethic café from the students' perspective.

**Methods**

The Ethics Café will be conducted in 4 nursing and health care groups. The subject matter is a current topic from nursing and health care. Immediately afterwards, a voluntary, anonymous summative evaluation is carried out with a questionnaire. The items refer to the method itself, the ethics (sub-) competence development and the respective competence level.

**Results**

The results open up conclusions about the extent to which the Ethics Café method is suitable for developing specific ethics (sub-) competencies within the framework of ethics education. At the same time, recommendations can be made for the teachers regarding the methodical implementation and information can be derived on which level of ethics competence development the methodical application is appropriate.

**Conclusions**

The survey of the students should enable conclusions to be drawn about the extent to which the Ethics Café is suitable as a method of ethics education for the development of specific ethics (sub-) competencies.

29. GRECO Massimo - Presenting 14<sup>th</sup> July 11.30am-1.15pm

**TITLE: THE ANTIGONE PANDEMIC- NARRATIVE MEDICINE AND MEDICAL HUMANITIES TO ADDRESS AND COLLECT HEALTHCARE WORKERS' EXPERIENCES DURING COVID-19 CRISIS**

**Main author's information:** Massimo Michele GRECO, MD RN, MD in Education Science, Occupational and Safety Hazards Expert

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**Authors:** Massimo Michele GRECO, Carmen CAPPITELLA, Maddalena GALIZIO

**ABSTRACT**

**Background**

During COVID-19 pandemic, Italian healthcare workers faced many ethical dilemmas, making decisions under harsh conditions of poor resources and scarcity of knowledge. Public Health issues prevailed on individual wellbeing and personal freedom of choice. Ethical dilemmas created individual and team tensions that often remained inexpressible, unheard or unaddressed.

**Aims**

To consider the Narrative Medicine and Medical Humanities Educational methods in supporting health professionals to deal with the pandemic's ethical dilemmas and in collecting material for ethical research.

**Methods**

In collaboration with the University Hospital Sant'Andrea Nursing Unit (Rome, Italy), we adapted a pre-existing educational project in an educational *action research* format, with a mixed approach of Narrative Medicine and Medical Humanities. We aim to address health care professionals' training needs and to collect material for ethical research, providing a safe setting for writing and sharing stories of dilemmas experienced in COVID-19 caring settings. Furthermore, participants watch a film adaptation of the Greek tragedy *Antigone* (a surprisingly modern plot of moral and political conflict in a post-pandemic scenario), to debate in small and large group the ethical position of the main *Antigone's* characters. Participants' consent is required to share their writings during the plenary sessions and to collect them by the researchers.

**Results**

Medical Humanities and Narrative Medicine can together offer a range of individual and group educational paths, promoting health professionals' reflective skills in addressing critical experiences. Both can help ethical research in obtaining material to be studied.

**Conclusions**

Health Organizations can offer learning opportunities regarding the recent pandemic experience, by listening to and by honoring caring stories, supporting in the same time professional ethical research.

30. **GUIDDO Erica** - Presenting 15th July 11.30am - 1.15pm

**TITLE: DESCRIBING PALLIATIVE CARE NEEDS IN CANCER PATIENTS AT RISK OF MALNUTRITION  
(THE RESTORATION STUDY)**

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**ABSTRACT**

**Background**

Malnutrition is common in cancer patients and impacts negatively on quality of life, immune system activity, treatment toxicity and mortality.

To improve the patient's quality of life, it is important to carry out an early nutritional needs assessment and adopt a palliative care approach, which aims to address all physical, psychic, social and spiritual aspects. Nutritional care has been described as a human right and patients should receive appropriate screening and treatment.

The WHO claimed that palliative care should be considered from diagnosis to end-of-life care, including family bereavement.

**Aims**

The primary objective of the study is to investigate the early need of palliative care in cancer patients at risk of malnutrition.

**Methods**

This is descriptive observational study. Patients were required to fill in the Integrated Palliative Care Outcome Scale (IPOS) questionnaire at the first access (T0) in the outpatient Dietetics and Clinical Nutrition clinic or Day Hospital and at one (T1) and two months (T2) later.

The assessment of malnutrition risk included the Nutritional Risk Screening (NRS2002), anthropometric and biochemical data.

**Results**

The study is ongoing and preliminary analyses showed that patients at risk or already malnourished had palliative care needs.

**Conclusions**

Early investigation of both nutritional and palliative care needs should allow for the planning of more appropriate and holistic patient care.



31. **HATOUM Wassiem Abu** - Presenting 11.30am - 1.15pm

**TITLE: VIEWS, ATTITUDES, AND REPORTED PRACTICES OF NEPHROLOGY NURSES REGARDING SHARED DECISION-MAKING IN END-OF-LIFE CARE**

**AUTHORS:**

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**ABSTRACT**

**Background**

While dialysis has advantages, it does not suit all patients with end-stage renal disease and entails certain risks. Moreover, shared decision-making (SDM) could therefore be beneficial, yet little is known about such practices in Israel.

**Aims**

Assessing the views, attitudes, practices, and ethical dilemmas of nephrology nurses in Israel regarding SDM with ESRD patients.

**Methods**

Using the descriptive quantitative approach, questionnaires were completed by 444 nephrology nurses in Israel. In addition to conducting descriptive statistics, t-tests for independent samples, f-tests for analysis of variance, and both tests for independence were also performed.

**Results**

About one-third (34.5–36.5%) of nurses reported discussing quality of life issues with ESRD patients, asking about their advance directives/power of attorney, and exploring cultural/religious beliefs at end of life. Slightly fewer nurses ask these patients about their preferred place of death (30%). Nurses who conveyed high levels of patient-centered care (68.9%,  $P<0.0001$ ), have high end-of-life training (76.2%,  $P<0.0001$ ), and reported cooperating with interdisciplinary teams (63.8%,  $P=0.0415$ ) reported higher SDM practices than others. In addition, nurses who refer less patients to palliative care (70%,  $P<0.0001$ ) reported higher involvement in SDM compared to other nurses.

**Conclusions**

Nephrology nurses in Israel do not tend to implement the SDM model, despite its potential for improving quality of life for ESRD patients and their families and increasing conservative care options. As such, policy makers and educators in Israel should develop and implement training programs and support in the workplace, to enhance SDM between nephrology nurses and ESRD patients.

32. HILTUNEN Tina - Presenting 14<sup>th</sup> July 2pm-3.30pm

**TITLE: ETHICAL ISSUES AND THEIR HANDLING IN INTENSIVE CARE - AN ETHICAL DIMENSION OF A CRITICAL INCIDENT REPORTING SYSTEM**

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**ABSTRACT**

Ethical issues are frequently encountered by intensive care nurses. A new way of handling ethical issues is enabling reporting of issues through a critical incidence reporting system (CIRS). In this study, our aim is to analyse reported ethical issues and their handling at intensive care units (ICU), utilising textual register data from the HaiPro CIRS.

A retrospective register study with a qualitative descriptive study design was conducted. Ethical CIRS reports made at adult ICUs (n=12) at one hospital district in Finland during a 25-month period (2019-2021) were analysed through inductive content analysis.

Reports on ethical issues (n=35) had been made by nurses at seven ICUs. Reported ethical issues were divided into four main categories: description of the issue itself, situation, consequences and contributing factors of the issue. Reported ethical issues identified (n=47) were related to patients, professionals and next of kin.

The documented handling of ethical issues was divided into two main categories: proposed measures and description of measures taken. Proposed measures describe suggested actions, and measures taken describe actions taken based on the report. The same subcategories recurred in both main categories: discussion about the incident, affecting operations models and announcement about the incident.

The study confirmed both the nurses' experiences of ethical issues at ICUs and the possibility to use critical incident reporting system in their handling. Handling was documented on most of the ethical CIRS reports, but on a rather general level. Could AI-based analysis in connection with critical incidents be investigated in the future?

33. HOVENGA Nina - Presenting 11.30am -1.15pm

**TITLE: FAMILY INVOLVEMENT IN NURSING HOME CARE: A QUALITATIVE CARE ETHICAL STUDY**

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**ABSTRACT**

**Background**

Research has shown that according to family different kinds of issues hinder involvement in nursing homes. Only a few studies point to the need to reflect on these issues from a moral perspective, despite the fact that in general caring always creates moral issues.

**Aims**

To explore the moral dimension of family experiences of participating in the care of their loved one in a nursing home, using the care ethical framework of Tronto.

**Methods**

In total 42 interviews were conducted with fifteen close family members of nursing home residents in the Netherlands.

**Results**

In the care process (1) family can find it difficult to recognize their loved one's care needs; (2) both family and staff are reluctant to discuss the allocation of responsibilities with each other; (3) family sometimes feels insecure when it comes to connecting with their loved one; (4) family is often reluctant to provide feedback to staff when they are critical about the care that has been given; (5) family is in general mildly judging staff, due to staff shortages.

**Conclusions**

The care ethical interpretation of the findings showed that the moral qualities of attentiveness, responsibility, competence, responsiveness, and solidarity are under pressure to a certain extent, which hinders good family involvement.

34. IGOUMENDIS Michael - Presenting 15<sup>th</sup> July 2pm-3.30PM

**TITLE: POSITIVE DUTIES AND ASPIRATIONAL ETHICS IN NURSING**

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**ABSTRACT**

**Background**

Negative duties require that we refrain from harming others, whereas positive duties require that we render assistance. Correspondingly, preventive ethics has a more negative orientation, consisting of rules that focus on preventing harm, whereas aspirational ethics refers to conduct that cannot be enforced, calling for a higher level of moral reflection.

**Aims**

The aim of this presentation is to analyze the place of positive duties and aspirational ethics in formal nursing texts, such as codes of conduct, and to point out their limitations in everyday nursing practice.

**Methods**

Review of international codes of nursing conduct and deontology, as well as review of classical and recent bibliography on the issue.

**Results**

Nursing ethics does not exhaust itself in rules and prohibitions; the nursing profession asks of its members to use their own moral reasoning in various cases, and to provide care and assistance according to needs. However, when needs are ill-defined, the very existence of positive duties is controversial. The main problem is that it is hard to draw a line that will prevent these duties from becoming relentlessly demanding.

**Conclusions**

Acknowledging the limits of positive duties and aspirational ethics, proper moral education is key to creating nursing professionals who reflect and behave in an ethical manner under varying circumstances.

35. **INKEROINEN Saija** - Presenting 15 July 11.30am - 1.15pm

**TITLE: ETHICAL KNOWLEDGE EXPRESSED BY PATIENTS IN FEEDBACK**

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**ABSTRACT**

**Background**

Ethical knowledge is an element of patient empowerment (Leino-Kilpi et al., 1998). It includes, for example, knowledge of rights and responsibilities in care. Previous literature indicates that it receives little attention in patient education, yet ethical knowledge expressed in patient feedback has not been investigated.

**Aims**

To analyse patient feedback from the perspective of ethical knowledge.

**Methods**

Secondary data was used. The data were routinely collected feedback. A university hospital district in Finland sends all discharged patients a feedback text message for free-form feedback and a structured feedback item evaluating the understandability of information (a Likert scale of 1–5, a higher value indicating higher agreement). All the feedback in 2019 was extracted from the feedback database (n=77308). In data analysis, knowledge-related free-form feedback was identified and classified according to the elements of empowering knowledge. The structured feedback was analysed statistically.

**Results**

Ethical knowledge (n=126) was expressed in 6% of the total of 2198 feedback concerning knowledge. The feedback concerned, for example, confidentiality, informational privacy, informed consent, informed decision-making, respect in communication, and inconsistency in patient education. Among the feedback expressing ethical knowledge, the mean of understandability of information was 3.52.

**Conclusions**

Ethical knowledge was not frequently expressed in patient feedback. When expressed, the understandability of the knowledge was rather satisfactory, and the content of the feedback was multi-dimensional. Feedback can provide perspectives on knowledge-related activities in hospitals, such as ethical elements of patient education and knowledge management, in connection to the ethical climate and patients' rights.

36. KOSKINEN Sanna - Presenting 15<sup>th</sup> July 11.30-1.15

**TITLE: EARLY-CAREER NURSES' MORAL COURAGE – A SIX COUNTRY LONGITUDINAL STUDY**

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**ABSTRACT**

**Background**

Moral courage is defined as courage to act according to one's values and ethical principles, even at the risk of negative consequences for oneself. Moral courage is needed throughout the nurse's career to promoting ethical care when facing ethical conflicts.

**Aims**

The study aimed to examine the change in moral courage of early career nurses in the transition phase in six European countries (Finland, Germany, Iceland, Ireland, Lithuania, and Spain).

**Methods**

A longitudinal design was applied with two data collection points (pre-graduation and one-year post-graduation). The data were collected with surveys from graduating nursing students between May 2018 and April 2020 (n=1796). A total of 642 respondents completed the second survey one year after graduation. Of those, 341 responded to their moral courage at both times, thus constituting the data for this study. Moral courage was assessed with one visual analogue scaled question about whether the respondent demonstrates moral courage in a care situation requiring it (0 = never and 100 always).

**Results**

The nurses worked primarily in hospital wards, settings offering continuous monitoring (such as an intensive care unit), and primary care. The self-assessed moral courage was 75.2 at graduation and 77.3 one-year later. The increase was statistically significant (p=0.0359).

**Conclusions**

Moral courage seems to develop favourably at the beginning of the nursing career. However, due to the limitations of the sample representativeness, this finding requires further research, likewise the factors improving the development of moral courage.

37. **KUHN Andrea** - Presenting 14<sup>th</sup> July 11.30-1.15

**TITLE: THE ETHICAL MANDATE OF NURSING BOARDS**

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**ABSTRACT**

**Background**

Nursing boards have been established in Germany for several years. To date, it is unclear what ethical mandate nursing boards hold and what effect it should have.

**Aims**

The aim is to develop a program theory that can fill this gap.

**Methods**

A theory-generating situation analysis systematically penetrates new fields of knowledge. A scoping study served to analyze relevant literature. Logic models explain the interrelationships and derive a targeted intervention program that addresses the requirements by means of a strategic Theory of Change and an operational Theory of Action.

**Results**

The situation found is highly complex: nursing boards bear the legal responsibility for good care and security for the population. However, the German health care system shows only a limited understanding of desiderata resulting from nursing ethics claims. In addition, high burdens and lack of participation endanger the health of nursing professionals.

**Conclusions**

The ethical mandate of nursing boards not only includes the responsibility to ensure ethical practices within nursing relationships; it also addresses the political dimension of securing all actions necessary to promote the nurses' health. The developed program theory meets this double challenge: First, as Theory of Change, the Klagenfurt intervention research, consistently focuses on the participation of the board members. Second, it uses, the Ten Essential Public Health Services with the core of equity as Theory of Action, strengthened by Tronto's theory of care. This fusion produces intervention programs that facilitates successful, health-promoting care work in the care relationship and in the political space.

38. **LACONO Sabrina** - Presenting 15<sup>th</sup> July 11.30-1.15

**TITLE: ETHICALLY AWARE CHOICE: A CASE STUDY OF A NEURONCOLOGY PATIENT IN CLINICAL TRIALS.**

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**ABSTRACT**

**Background**

Several studies have been published in the literature about experimental therapies for brain tumors, but the experience of patients with these diseases undergoing experimental therapies is poorly investigated.

**Aims**

To investigate the experience of neuro-oncological patients at the Fondazione IRCCS Istituto Neurologico Carlo Besta in Milan in clinical trials.

**Methods**

The study, approved by the Ethics Committee, was conducted as a case study. Data analysis used the qualitative content analysis approach.

**Results**

of the main themes highlighted by the findings is "Support". This comprises three categories, including the "lack of information", which mostly concerns the appropriateness of the information provided during the acquisition of informed consent. The patient reports that he felt the need to learn more elsewhere because the information received was not comprehensive. The patient's lack of involvement in the decisionmaking process led to ethically questionable behavior. That did not affect the patient's decision to take part in the trial, as he nevertheless shows such high trust in the organization that he stated that he "would have accepted a priori because of the trust".

**Conclusions**

Enrolment in a clinical trial presupposes that the patient develops a relationship of trust in the organization that supports him for a free, ethical, and conscious choice. The nurse is the protector of the patient's rights and has to ensure that the patient consciously chooses to participate in clinical research. Further research is needed with a focus on the neurological patient experience and the involvement of nurses in experimental trials.



39. **McCarthy Brid** - Presenting 14<sup>th</sup> July 2pm-3.30

**TITLE: SENSITIVE INTERVIEWING OF FAMILY CAREGIVERS WHO ARE PROVIDING END-OF-LIFE CARE – A LITERATURE REVIEW**

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**Authors:** Ms Bríd McCarthy, Prof. Fiona Timmins, Ass Prof. Michael Connolly.

**ABSTRACT**

**Background**

Conducting interviews with family caregivers who are caring for a dying person can be challenging to researchers. While these interviews are an opportunity to obtain insights into the issues, events and experiences encountered by family caregivers and answer important research questions, it can be a highly emotional period in the trajectory of caregiving. It is a time when sensitivity is required and the responsibility of protecting participants from further distress or harm lies heavily with the researcher. Guidance on how to interact with this vulnerable cohort of caregivers, in an ethically appropriate manner, and how to gain their trust will surely assist in obtaining more accurate data that fully addresses the aim of the research undertaken and how ultimately, these caregivers can be supported.

**Aims**

To review literature on experiences of carrying interviews with family caregivers who are providing end-of-life care.

**Methods**

Literature Review.

**Results**

Using strategies such as good communication, environmental considerations, timing, confidence, and good recruitment skills, promote a sense of comfort and ease for both participants and researchers. These practical approaches to interviewing will help the researcher build trust and in turn positively impact data collection.

**Conclusions**

Interviewing family caregivers during end-of-life care is often beset with difficulties. Addressing these challenges with sensitivity can instil confidence in researchers and in turn help reveal strong and deep data that may otherwise remain undiscovered. This data can be used to develop ways in which to support family caregivers during this difficult time.

40. **MORLEY Georgina** - Presenting 15<sup>th</sup> July 2.00-3.30pm

**TITLE: IMPLICATIONS OF THE SUB-CATEGORIES FOR MITIGATING MORAL DISTRESS**

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**ABSTRACT**

**Background**

There is ongoing debate regarding how moral distress should be defined. Some scholars argue that the standard 'narrow' definition overlooks morally relevant causes of distress, while others argue that broadening the definition risks making measurement impractical. However, without measurement, the true extent of moral distress remains unknown.

**Aims**

To explore the frequency and intensity of five sub-categorizations of moral distress, resources used, intention-to-leave and turnover of nurses using a new survey instrument.

**Methods**

A mixed methods embedded design using a longitudinal, descriptive electronic survey with open-ended questions, sent twice a week for 6 weeks. Analysis included descriptive and comparative statistics and content analysis of narrative data.

**Results**

246 participants completed the baseline survey, 80 participants provided data longitudinally for a minimum of 3 data points. At baseline, moral-conflict distress occurred with the highest frequency, followed by moral-constraint distress and moral-tension distress. By intensity, the most distressing sub-category was moral-tension distress, followed by 'other' distress and moral-constraint distress. Longitudinally, when ranked by frequency, nurses experienced moral-conflict distress, moral-constraint, and moral-tension distress; by intensity, scores were highest for moral-tension distress, moral-uncertainty distress and moral-constraint distress.

**Conclusions**

Nurses experienced distress related to a number of moral issues extending beyond the traditional understanding of moral distress (occurring due to a constraint) suggesting that our understanding and measurement of moral distress should be broadened. Nurses frequently used peer support as their primary resource but it was only moderately helpful, and infrequently used ethics support services. Implications for addressing moral distress will be discussed.

41. **MORTENSEN Anne Helene** - Presenting 14<sup>th</sup> July 2pm-3.30

**TITLE: RESIDENTS' EXPERIENCES OF PATERNALISM IN NURSING HOMES AND ITS EFFECT ON THEIR DIGNITY**

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**ABSTRACT**

**Background**

Increased focus on residents' autonomy, combined with professional caregivers' experience of ethical dilemmas when the principles of beneficence and autonomy conflict, has led to a need for new knowledge regarding how residents experience decision-making in nursing homes and how being subject to paternalism affects residents' dignity.

**Aims**

This study explored how residents experience paternalism in nursing homes.

**Methods**

This study had a qualitative interpretive design with participant observations and semi-structured interviews. Interpretations were informed by Gadamer's hermeneutics.

Eleven residents were interviewed after a period of participant observation in two nursing homes.

**Ethical considerations**

The study was performed in accordance with the Helsinki declaration. Resident's consent was assessed continuously. Three interviews were terminated for ethical reasons.

**Results**

Residents found it obvious for caregivers to possess the decision-making authority in nursing homes. When residents explained their views, three main themes emerged: 1) To be included when caregivers make the decisions, 2) Surrender to dependency, and 3) Adherence to nursing home norms.

**Conclusions**

Residents submit to caregivers and give caregivers responsibility and function as leaders. Residents found paternalism dignifying when it enabled second order desires and values to be accomplished, and when it implied respect and appraisal of residents' capabilities. Paternalism was experienced as debasing when residents felt excluded and underestimated.

42. **MURGIA Carla** - Presenting 15<sup>th</sup> July 11.30-1.15

**TITLE: SPIRITUALITY AND RELIGIOUS DIVERSITY IN NURSING: A SCOPING REVIEW**

**Main author's information:** Carla Murgia

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**ABSTRACT**

**Background**

Spirituality is often viewed in broad terms, in which it is defined by the individual.

Worldwide, there is a concerted effort for spiritual assistance and spiritual support to be an integral part of the role of the nurse. However, in clinical nursing practice, it is frequently unclear how to engage patients in spiritual care, especially in complex health systems and societies characterized by secularism and religious pluralism.

Thus far, most studies on spirituality have been conducted in Western countries among homogeneous samples from predominantly Judeo-Christian cultures. There is a need for studies on spirituality in the healthcare setting, especially nursing, in Asian countries and in diverse ethnocultural and practice contexts.

**Aims**

To examine studies that focused on the sensitivity of nurses to issues pertaining to spirituality and religious diversity in nursing in Western and non-Western contexts.

**Methods**

A scoping review by Arksey and O'Malley.

**Results**

Two main overarching themes emerged from our inductive analysis: (a) the intertwining of spirituality and spiritual care in diverse religious landscapes and (b) obstacles impeding the inclusion of spiritual care in plurireligious settings.

**Conclusions**

This review demonstrates that there are different points of view on integrating spiritual care in healthcare. This review will be of interest to nurses to reflect on their position in addressing the spiritual needs of an increasingly diverse patient population in clinical practice. Through better training in world religions, possibly via postgraduate courses, nursing educators can help to foster continuing education on the topic. Lastly, for hospital managers and policymakers to make informed, bias-free decisions on organizing or implementing spiritual care in healthcare settings, fostering excellence in the provision of spiritual care and nurses' training in this area should be a priority.

43. NAPOLITANO Francesca - Presenting 14<sup>th</sup> July 2pm-3.30

**TITLE: ETHICAL CHALLENGES DURING EPISODES OF WORKPLACE VIOLENCE**

**Primary author and Presenter:** Francesca NAPOLITANO, PhD Student, MSN, RN, email: francesca.napolitano@edu.unige.it, Department of Health Sciences, University of Genoa, Via A. Pastore 1, Genoa 16132, Italy.

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**ABSTRACT**

**Background**

In recent years Workplace Violence (WPV) has increased, especially among nurses. Considering the impact of this phenomenon, it is significant to analyse the experience of nurses' WPV.

**Aims**

To investigate nurses' experience of WPV perpetrated in hospitals by patients or family members in Italy.

**Methods**

This qualitative study was part of the national study "violence Against nurses In The workplace" (CEASE-IT). We used a phenomenological design to explore nurses' experience of WPV and its consequences. A purposeful and snowball sampling of nurses was used. Data saturation was reached with ten in-depth semi-structured interviews. The interviews were audio-recorded, verbatim transcribed, and analysed using thematic analysis.

**Results**

Five themes emerged: (1) challenges related to professionalism, (2) post-incident support, (3) emotional response, (4) perceived causes of violence, and (5) consequences on nursing practice. Ethical challenge is relevant in the "*challenges related to professionalism*" whose subthemes were "*professionalism*" and "*professional disregard*". Despite feeling frustrated and powerless during an episode of WPV, nurses had to maintain their "*professionalism*" in ethical terms by remaining calm and responding politely. If they had not been wearing uniforms, they would have reacted differently. "*Professional disregard*" was often linked to verbal aggression which sometimes escalated to physical aggression. The lack of social recognition for the nursing profession and professional autonomy also contributed to this situation. Additionally, some cases of disrespect were related to the person, rather than to their professional role.

**Conclusions**

These results highlight how professional ethics influence the behaviours and emotions of nurses in managing challenging situations such as WPV.



44. **NATTERØY Catherine Selsvold** - Presenting Friday 14<sup>th</sup> July 11.30-1.15.

**TITLE: SUITABLE, FIT, COMPETENT, AND SAFE TO PRACTICE NURSING? ASSESSING NURSING STUDENTS' PERSONAL QUALITIES IN CLINICAL PLACEMENT - AN INTEGRATIVE REVIEW**

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**ABSTRACT**

**Background**

Nursing students are assessed for their suitability or fitness to practice, which amounts to, amongst other things, an assessment of personal and moral characteristics. Different terms and concepts are used to describe the phenomena assessed when assessing suitability/fitness/eligibility for the nursing profession.

**Aims**

To explore and describe the personal requirements student nurses are assessed by in clinical placement and how this assessment is done.

**Methods**

Integrative review

**Results**

We found three themes describing the assessment of this phenomenon; attitude and personal characteristics, behaviour, and basic knowledge. The assessment has a substantive subjective element, and decisions are based on a holistic assessment of several different aspects of the student's performance and behaviour.

**Conclusions**

There is no universal understanding of which characteristics or qualities are considered necessary for a student to be deemed suited for the nursing profession. Assessors rely heavily on intuition and discretionary judgments and less on formal standards and guidelines.

This study points to challenges with the assessment of nursing students as there are no clear standards or understanding of the requirements needed to enter the profession.

45. OTTONELLO Giulia - Presenting 15<sup>th</sup> July 2pm-3.30

**TITLE: ETHICAL DIMENSIONS OF HEALTHCARE ATTITUDE TOWARDS THE COVID-19 VACCINE.**

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**ABSTRACT**

**Background**

There is an international interest in examining the impact of vaccination and vaccine hesitancy, also towards the COVID-19 vaccine. Initially, this vaccine was administered to healthcare professionals and other high-risk groups who were more susceptible to contracting the infection and experiencing severe symptoms of COVID-19.

**Aims**

To explore reasons influencing healthcare attitudes towards the COVID-19 vaccine.

**Methods**

This study was part of the national study "Population and health care workers' PeRspective and mOtivational fACTors Towards covid-19 VaccinE" (PROACTIVE). Through a phenomenological design we conducted five focus groups using a purposeful sampling. Thirty nurses working in different clinical area in Northern Italy were involved. The focus groups were audio-recorded, verbatim transcribed, and analysed using thematic analysis.

**Results**

Three main nurses' positions regarding the COVID-19 vaccine emerged from the analysis: favourable, uncertain, and contrary. One of the major factors that influenced the favourable position was related to the nurses' sense of professionalism and moral duty in undertaking vaccination. Moreover, nurses' perception of their role as an example for the general population and their positive contribution to the vaccine campaign. Nurses perceived that their social role involved regulating their emotions towards contrasting positions. Despite feeling frustrated, they also felt the responsibility to educate and rationalise with general population, while respecting different positions.

**Conclusions**

To effectively plan vaccination campaigns, it is important to investigate why healthcare professionals accept, hesitate, or refuse vaccines and their moral attitudes in terms of awareness of their responsibility.



46. **PAGLIAN Micaela** - Presenting 14<sup>th</sup> July 11.30-1.15

**TITLE: HEALTHCARE ETHICS TRAINING COURSE FOR GALLIERA HOSPITAL STAFF**

**Primary author and Presenter:** Micaela Pagliano

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**ABSTRACT**

Healthcare ethics training course for Galliera Hospital staff, a comprehensive view of human being, and a suitable ethical competence are the essential requirements in order to appropriately carry out every healthcare duty; it is important to train professionals and to develop their ethical awareness so they are aware of the moral values at stake in the decision making process. Under these premisses we undertook the healthcare professionals training path at Ospedali Galliera. We formed a team including the Hospital Direction, various healthcare professionals, a moral theology and bioethics professor, and we planned a 6 encounters per year training course that will last 4 years. The purpose of the training course is to reflect on the technical/professional competencies, and on the code of values and meaning with which we make sense of illness and healthcare work in order to make each clinical case a human encounter. In each encounter, we debate a clinical case involving ethical dilemma, and we apply prof. S. Spinsanti's method to evaluate the behaviour of the people involved and we make a comparison between the actual behaviour and a behaviour which is mandatory or morally justifiable or excellent. The training course is destined to 25 different healthcare professionals. At the end of the first year of training, they will become trainers.

47. **PALESE Alvisa** – Presenting Friday 14th July – 11.30am to 1.15pm

**TITLE: An introduction to the ‘PROMOCON’ project: PROMoting a MORally COmpetent Nurse**

**Primary author:** Alvisa Palese, RN, MNs, PhD

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**ABSTRACT**

**Background**

Healthcare professionals’ ethical values and moral awareness play a crucial role in delivering care. However, no clear guidelines about the aims, extent, and depth of knowledge required to develop morally competent nurses have been established to date; nurses rarely receive a structured ethics education, leaving them unprepared to face the increasingly complex moral and ethical decisions. This situation has been exacerbated by the recent COVID-19 pandemic, which has imposed the revision of priorities, forcing healthcare professionals to make difficult decisions about the allocation of care due to the limited resources available.

**Aim**

The aims of the project are to: (a) promote the development of moral competences in the target group through an applied nursing ethics educational program; (b) enhance the ethical decision-making and professional judgement of nurses; (c) raise awareness of the ethical and moral challenges emerging at the worldwide level and how they have long-term effects in terms of moral distress and burnout; and (d) develop a morally competent nurses profile framework.

**Methods**

The project is developed in 5 Work Packages including: (a) the management of the project (WP1); (b) two reviews, a focus group study, the development of the morally competent nurses’ profile, and of the curriculum and the contents of the course (WP2); (c) the development of the material for the course and of the online platform (WP3); (d) the implementation of the course and the production of the “Train the trainers” toolkit (WP4); and (e) the production of a Good Practice Guide (WP5).

**Results**

Among others, the main expected findings will be the enhancement of ethical sound value-based health care, a strategy aimed at developing nurses’ and other healthcare professionals’ moral competence throughout European countries, and the establishment of a European and national network of specialized nursing educators on moral competences capable to link their course to patients’ rights, respect of autonomy, appropriate allocation of resources and missed care prevention/minimization.

## **Conclusions**

The PROMOCON project (Twitter @PromoconProject; Facebook [\https://www.facebook.com/profile.php?id=100089801791324](https://www.facebook.com/profile.php?id=100089801791324) ) will be important in building networks and competences to put informal, intuitive, and often 'hidden' nursing ethics education into a framework, where it can be properly studied and developed transnationally, and, in the long term, contribute to the nursing profession's standardization within the Europe.

48. PAJAKOSKI Elina - Presenting 15<sup>th</sup> July 11.30-1.15

**TITLE: MORAL COURAGE REQUIRED FROM NURSES IN ETHICAL CONFLICTS: A NARRATIVE ANALYSIS**

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**Authors:** Pajakoski Elina, Suhonen Riitta

**ABSTRACT**

**Background**

Nurses need moral courage for solving ethical conflicts in favour of patients' good care. A morally courageous nurse can make ethically sound decisions and defend patients' good despite possible negative consequences for oneself.

**Aims**

To describe the requirement of nurses' moral courage in ethical conflicts.

**Methods**

Narrative, open interviews were used, seeking nurses' lived experiences about moral courage required from them. Informants were recruited via the Finnish nursing-themed online discussion forum. In the interviews, registered nurses described and reflected on ethical conflicts where their moral courage was required in work. The data was analysed with narrative holistic analysis.

**Results**

Fourteen registered nurses with varying nursing experience participated. Preliminary findings suggest that moral courage is required from nurses in ethical conflicts on organisational and individual levels. Ethical conflicts on organisational level were related to organisational structures inhibiting nurses from making decisions and to dividing human resources unevenly in the organisation. Also, organisational structures favoured physicians as decision-makers, which sometimes inhibited nurses' moral courage. Ethical conflicts on individual level were related to challenges in communication and co-operation, inappropriate behaviour, and errors of other professionals.

**Conclusions**

Registered nurses needed moral courage in varying situations. The nature of the situations was often related to communication and co-operation between professionals, indicating the need for organisational structures and practices which support multi-professional co-operation. In the future, it is essential to identify different professional roles in ethical decision-making and ensure that organisation facilitates open discussions of ethical issues and support nurses' moral courage.

49. PAPASTAVROU Evridiki (Presenter Georgios Efstathiou)

**TITLE: TEACHING ETHICS AND MORAL COMPETENCES: A COMPARATIVE ANALYSIS OF THE CURRICULA AMONG SIX COUNTRIES**

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**ABSTRACT**

**Background**

The increased complexity of care and economic pressures on health care systems gives rise to new moral and ethical challenges in nursing. Nurses are involved in numerous situations that require effective responses based on ethical and moral principles. A way to support professionals in dealing with ethical problems is education and training in ethics.

**Aim**

The aim is to present the results from a study exploring how ethics are taught in the universities involved in the PROMOCON project, so as to facilitate the construction of the curriculum for the development of morally competent nurses.

**Methods**

A review of the various aspects of the ethics courses was performed among the schools representing the countries of the consortium. Each partner was called to complete a pre-determined table regarding the content, the hours of teaching, methodology, course evaluation and ECTS. The differences and similarities found from the study were then compared and discussed.

**Results**

The findings revealed a great variability in most aspects such as teaching as a separate module or subjects within other modules, the hours of teaching, the ECTS, the year of teaching and the final assessment. The main similarities were that ethics are compulsory among all the partners, with a particular focus on specific topics. All the partners use lectures and case studies as a teaching method.

**Conclusions**

The findings will enable the development of a nursing ethics curriculum that will facilitate the development of morally competent nurses defined by higher level of knowledge, readiness to act and increase their ability to act in complex situations.

50. **PERACH Inbal Faran** - Presenting 14<sup>th</sup> July 2pm-3.30

**TITLE: THE POLITICS OF NEGOTIATING APPROPRIATE HEALTH CARE SERVICES FOR PEOPLE  
IN PROSTITUTION & SEX WORKERS**

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**ABSTRACT**

**Background**

In Israel in 2021, there are about 12,000 People in Prostitution and Sex Workers (PP&SW) and 19 specialized treatment centers of: medical treatment, welfare, drug and alcohol rehabilitation. There are many varied barriers for reaching treatment in the public health so nurses and social workers in these centers act as mediators between the health care system and PP&SW.

**Aims**

The process of mediation creates a triple encounter in which two professional persons and one PP&SW who needs healthcare treatment. It is a unique encounter that reveals extreme poverty, gender, identity, sometimes nationality gaps and liminality.

**Methods**

The proposed study mapping the liminal territory and examine its characteristics as they are experienced by all parties involved and from the three points of view: PP&SWs, healthcare professionals, and an Autoethnography gaze as a nurse engaged in a mediation process on behalf of PP&SWs.

**Results**

From the interviews with PP&SWs emerges a repeated structure of the system's dealings with those people in which there are three moments of exclusion - at the entrance to the meeting, during it and at its conclusion. In this study I will present the three points of exclusion, what the PP&SWs does in the content and what is the role of the mediators as they see it in those points.

**Conclusions**

This research reveal the knowledge how to create the tools that can help lower the walls of stigma, remove barriers, and creates a mental, professional and ethical approach to this liminal population.

50. PELLIKKA Hanna-Kaisa - Presenting 15<sup>th</sup> July 2pm-3.30

**TITLE: SHARED RESPONSIBILITY AS AN ETHICAL BASIS FOR DECISION-MAKING BETWEEN PARENTS AND PROFESSIONALS IN NICU: A SCOPING REVIEW**

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**ABSTRACT**

**Background**

Shared responsibility is a part of the ethical basis for decision-making between parents and professionals in family-centred care. Shared responsibility is defined as what parents and professionals should do when making morally charged decisions to ensure the best interest of the infant in care. However, the knowledge has not been summarized.

**Aims**

To describe previous knowledge on shared responsibility for decision-making between parents and professionals.

**Methods**

Scoping review with electronic searches were applied to the CINAHL, PubMed, Scopus and PsycINFO databases and manual searches of the reference lists of the selected papers. The search limits were peer-reviewed papers published in English from 2010 to September 2022. The inclusion and exclusion criteria were used for data selection, and data were analysed inductively.

**Results**

A total of 454 papers were found of which eight met the inclusion criteria. Responsibility and its related concepts, such as obligations, duties and accountability, have been used to describe shared responsibility. Shared responsibility for decision-making has been based on parents' intentions. It has been facilitated by negotiations and inhibited by a lack of communication. The impact has been linked to parents' emotions, such as guilt, which has been avoided with shared responsibility.

**Conclusions**

Shared responsibility can help parents and professionals to distribute the moral weight of decisions. However, it is important that the leading idea is in the best interest of the infant. The varying use of concepts raises the need for further research on the scope of shared responsibility for decision-making between parents and professionals.

51. **PUUSTINEN Jonna** - Presenting 14<sup>th</sup> July 2pm-3.30

**TITLE: RECOGNISING OLDER PEOPLE'S INDIVIDUAL RESOURCES AS A PART OF ETHICAL HOME CARE AND SERVICE PLANNING.**

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**Authors:** Jonna Puustinen, Mari Kangasniemi, Miko Pasanen, Riitta Turjamaa

**ABSTRACT**

**Background**

Recognising older people's individual resources is a functional and ethical starting point for planning and tailoring holistic home care services. Resources such as personal abilities, experiences of human dignity, and life satisfaction promote older people's well-being and independent living at home. More knowledge is needed on how these individual resources are recognised in care and service plans to improve the individuality and ethics of home care.

**Aims**

To describe the content of home care and service plans with special attention to older people's individual resources.

**Methods**

A document analysis of care and service plans (n=71) was conducted in Finland in 2018. The data were analysed deductively (The Finnish Care Classification, FinCC), inductively, and by descriptive statistical methods.

**Results**

Altogether, 1718 notes were relevant to the FinCC main categories: 707 focused on needs and 1011 on nursing interventions. Further, 628 notes on individual resources were relevant to 18 inductively developed categories and were documented in every plan (mean 9.04, range 2-16 notes). The documentation of resources focused mainly on independent initiative and daily activities, social functions, communication, and activity and physical activities. Increasing age resulted in fewer notes on resources related to safety and sensory functions. Extending care and service period resulted in fewer notes on resources related to sleeping and wakefulness.

**Conclusions**

The recognition and documentation of individual resources needs to be supported in care and service planning by updated classifications to enable ethical home care. Further research is needed about the overall nature of older people's individual resources.



52. RANNIKKO, Sunna (1) - Presenting 14<sup>th</sup> July 2pm-3.30pm

**TITLE: THE ETHICAL PATHWAY OF INDIVIDUALS WITH STROKE – A CROSS-SECTIONAL STUDY.**

**Main author's information:** : Sunna Rannikko; [sunna.rannikko@utu.fi](mailto:sunna.rannikko@utu.fi);  
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**Authors:** Sunna Rannikko, Helena Leino-Kilpi, Riitta Suhonen.

**ABSTRACT**

**Background**

Individuals with stroke do not always have the possibility to protect their values, for instance, based on dependency on other people. In health care, there is a need to understand the realization of values and potential changes in these as perceived by individuals with strokes to maximize their ethically high-level care. In this study, the concept 'ethical pathway' was used to describe potential changes in the realization of values, including dignity, privacy, and autonomy, as perceived by individuals in temporal passage post-stroke.

**Aims**

To analyze the ethical pathway of individuals with strokes and its relation to life situational factors including symptoms diminishing functioning, social environment and self-empowerment.

**Methods**

Individuals with strokes were recruited via an association. Data were collected with Ethical Pathway of Individuals with Stroke instrument (VAS 0–100) and analyzed statistically. The Ethics Committee of the University approved the study.

**Results**

Sixty-one individuals with various post-stroke time participated. The ethical pathway varied between participants (range; participants' mean score) as seen in the perceived realization of dignity (20.5–99.4; 72.3), privacy (39.1–99.6; 78.7), and autonomy (22.8–100.0; 77.8). Dignity and privacy were perceived lower among participants with longer post-stroke time. Less symptoms diminishing functioning was related to privacy, social environment with dignity and privacy, and self-empowerment with autonomy.

**Conclusions**

The results made visibility for the ethical pathway and variation of ethical considerations, even after long post-stroke time. This opens the need for new research in recovery ethics.

53. **RANNIKKO Sunna** – Presenting 15<sup>th</sup> July 2pm-3.30pm

**TITLE: DEFINING THE CONCEPT 'ETHICAL PATHWAY'**

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**Authors:** Sunna Rannikko, Helena Leino-Kilpi, Riitta Suhonen

**ABSTRACT**

**Background**

There exist care pathways for various health problems. Individuals with health problem (IwHP), following the care pathways, have described challenges in the perceived realization of values. Also, the perceived realization of values is potentially changing during the care pathways.

**Aims**

To define the concept 'ethical pathway'

**Methods**

Concept definition is based on two parts: grounded theory of dignity realization of individuals with stroke in hospital care, and scoping review of perceived ethical issues in stroke care.

**Results**

The concept includes two elements. (1) Potential change in the perceived realization of values in the temporal passage. (2) Three central values in nursing practice (dignity, privacy, autonomy). These values were important for IwHP, but their realization was perceived as challenging by IwHP. The concept was labeled as the ethical pathway. The ethical pathway was defined as potential changes in the realization of the three values as perceived by individuals in temporal passage. Furthermore, during the concept definition, three life situational factors related to the ethical pathway were identified, including symptoms diminishing functioning, social environment and self-empowerment. These represent the life situation in which the individuals perceive the values to be realized.

**Conclusions**

Describing the concept of an ethical pathway allows us to make observations of it, here in particular from the patient's perspective. Ethical considerations are present when caring for individuals with stroke, a life-threatening condition, but are equally relevant for any group of patients with long-term health problems or in need of health promotion.

54. **RAUSTOL Anne** - Presenting 15<sup>th</sup> July – 2pm to 3.30pm

**TITLE: BEYOND CARE**

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**ABSTRACT**

When studying how nursing ethics is understood and explored in the journal of Nursing Ethics and related journals throughout the last 30 years, we find two clear tendencies: that nursing ethics is often conceptualised as care ethics, and that nursing ethics is to a large extent explored empirically.

'Nursing ethics' is often understood as equivalent to 'care ethics'. Different versions of care ethics have in common that 'care' is the central point from which moral reflection and discernment happens. However, we also find 'nursing ethics' sometimes conceptualised as 'relational ethics' where moral agency and understanding is relational and situated, and where discernment is necessarily holistic.

We argue that it is unhelpful to characterise the latter approach to ethics as care ethics: we believe it is essential to move beyond care and explore the philosophical foundations for relational ethics. We want to do so by presenting an approach inspired by Iris Murdoch's work, emphasising moral understanding as knowledge, and requiring a certain positioning towards other persons. We argue that this account of moral understanding has consequences for the education of nurses, and for the way in which nurses ought to involve patients or users in their work.

Nursing ethics, having such a situated and particularist nature, is importantly and helpfully explored empirically as well as theoretically. However, it is essential to remain critical and analytic towards how theory and empirical studies can work together and supplement each other.

55. RE Luca Giuseppe - Presenting 15<sup>th</sup> July 2pm-3.30pm

**TITLE: MORAL DISTRESS OF NURSES IN THE DAYS OF COVID-19**

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**ABSTRACT**

**Background**

The many ethically challenging situations caused by the COVID-19 pandemic have generated a sense of emotional overwhelm in nurses and affected their level of moral distress

**Aims**

To describe the main features of moral distress experienced by nurses during the COVID-19 pandemic

**Methods**

Review of cross-sectional studies with querying of five biomedical databases. Screening of records by title/abstract reading and studies eligible for full text. Analysis of main features and narrative synthesis of results according to Epstein's framework.

**Results**

Nine cross-sectional studies (N=5284 nurse participants) met the inclusion criteria. Predictors of moral distress: female gender, young age, first occupation, long professional experience. Sources of moral distress: a) nurse - fear of being infected or transmitting infection, relocation to another unit with new duties and inadequate training, high risk of errors, caring for serious/terminal patients; b) patient - depersonalization, poor protection of vulnerable or minority groups, provision of futile care, death without comfort of family members; c) unit/team - shortage of staff (for COVID+), excessive workload, difficult/inadequate or misleading communication, rationing of care, restrictions on family visits, triage at the patient's bedside; d) hospital/system - shortage of human, material (e.g. personal protective equipment) and beds. Moral distress affected nurses' mental health. The presence of supportive and empathetic leadership and guidelines or protocols fostered a resilient approach.

**Conclusions**

Individual, clinical, and organizational determinants appear to condition the level of moral distress. The implementation of an ethical climate in which ethical considerations are culturally sensitive and integrated into decision-making at every level is desirable.

56. **ROSA Debora** – Presenting 15<sup>th</sup> July 2pm-3.30pm

**TITLE: WHAT IS THE ROLE OF EMOTIONS IN DECISION-MAKING FOR NURSES? ITALIAN MULTICENTRE QUALITATIVE STUDY**

**Main author's information:** Debora Rosa, PhD, RN Assistant Professor; Associate Professor

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**Authors:** Debora Rosa, Giulia Villa, Carla Amigoni, Monica Guberti, Luca Ghirotto, Duilio Fiorenzo Manara

**ABSTRACT**

**Background**

Only recently has research begun to explore the role of emotions in clinical decision-making. Indeed, emotional reactions and, in particular, moral distress, have been studied in terms of possible outcomes of the nursing decision-making process rather than in terms of their role as antecedents of the final decision taken.

**Aims**

To explore how inpatient nurses' decision making takes place in different care settings. Focusing on the role played by emotions during decision making.

**Methods**

Multicentre qualitative study. It will be conducted in three phases: participatory study, grounded theory, and phenomenological study. Data will be collected through focus groups and in-depth interviews with nurses working in hospitals in different care settings. NVivo software will be used to analyse the data.

**Results**

Researchers expect to find topics that contribute to the understanding of the role of emotions in decision-making.

**Conclusions**

The results of this study could have important implications in the implementation of new interventions to help nurses recognise their emotions and manage them during decision-making.

## 57. ROSA Debora

### **TITLE: IN WHICH CARE SETTINGS DO EMOTIONS IMPACT ON DECISION-MAKING? A SCOPING REVIEW.**

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**Authors:** Debora Rosa, Giulia Villa, Federica Caulo, Duilio Fiorenzo Manara

#### **ABSTRACT**

##### **Background**

Decision-making critically affects the quality of patient care, patient safety and satisfaction as well as multiple clinical outcomes. Emotions have in fact been regarded as a dangerous threat to nursing decision-making and patient safety. Only relatively recently has the nursing literature started to explore the role of emotions in clinical decision-making.

##### **Aims**

Identifying care settings where emotions impact on decision-making

##### **Methods**

Scoping review according to the framework of Arksey and O'Malley. This framework consists of five steps: (1) identifying the research questions; (2) identifying relevant studies; (3) selecting studies; (4) extracting collected data; and (5) reporting results.

##### **Results**

Three care settings were identified in which emotions play an important role in decision making: end-of-life, oncology, nursing home.

##### **Conclusions**

This review is a starting point for investigating the impact of emotions on decision-making in other care settings as well.

## 58. ROSA Debora

### **TITLE: IS MORAL DISTRESS PRESENT IN ICU NURSES TWO YEARS AFTER THE FIRST WAVE OF COVID-19? A QUALITATIVE PHENOMENOLOGICAL STUDY**

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**AUTHORS:** Debora Rosa, Loris Bonetti, Giulia Villa, Sara Allieri, Riccardo Baldrighi, Rolando Francesco Elisei, Paola Ripa, Noemi Giannetta, Carla Amigoni, Duilio Fiorenzo Manara

#### **ABSTRACT**

##### **Background**

Moral distress is frequently reported in intensive care settings. Moral Distress was first defined by Jameton in 1984. He distinguished Moral Distress into initial and reactive. Some authors also defined the moral residue's concept. It is the persistent feelings and personal disagreements resulting from the moral distress that continue even after the event is over.

##### **Aims**

To explore, after two years the Moral Distress experience of Italian Intensive Care Unit nurses during the COVID-19 pandemic.

##### **Methods**

A phenomenological study design using interpretative phenomenological analysis. The study was conducted following the consolidated criteria for reporting qualitative research checklist. The research team chose a convenience sample of nurses. Data were collected through semi-structured interviews performed remotely

##### **Results**

The researchers identified five main themes:

- (1) pride, isolation, and fear;
- (2) teamwork and organisation;
- (3) moral/ethical aspect; (4) true heroes; and (5) dignity of the affections.

##### **Conclusions**

Most of the nurses experienced the first wave of the COVID-19 pandemic with an emotional and psychological malaise that is still present two years later.

## 59. ROSA Debora

### **TITLE: MORAL DISTRESS OF NURSING STUDENTS IN ONCOHAEMATOLOGY. INTERPRETATIVE PHENOMENOLOGICAL STUDY.**

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#### **ABSTRACT**

##### **Background**

Research shows that morally distressing events are experienced by nursing students firstly in nursing care offered to terminally ill patients. In fact, internship clinical training can also lead to ethical conflict and dilemmas that could deprive students of their capability in nursing care.

##### **Aims**

The aim of this study is to analyze episodes of moral distress. experienced by nursing students during end-of-life care of onco-hematologic patients in hospital settings.

##### **Methods**

This study was conducted in the interpretative paradigm using hermeneutic phenomenological approach. Purposeful sampling was used to select meaningful information about participants for a detailed study.

##### **Results**

Seventeen nursing students agreed to participate. 953 units were identified from transcribed interviews and clustered into 368 labels, 47 categories and eight themes.

##### **Conclusions**

Moral distress is often related to poor communication or lack of communication between health care professionals and patients or relatives and to inability to satisfy patients' last needs and wants.



## 60. ROSA Debora

### **TITLE: A SYSTEMATIC REVIEW ABOUT MORAL DISTRESS SCORES IN INTENSIVE CARE UNIT USING CORLEY'S SCALE.**

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#### **ABSTRACT**

##### **Background**

In intensive care unit nurses make active treatment and end-of-life decisions more frequently than in other settings. Beyond risk factors, the experience of moral distress influences nursing practice and has several consequences. Some studies have linked moral distress to burnout and intention to leave, while others have linked moral distress to job satisfaction, a sense of coherence, professional autonomy, and ethical climate. The findings of these studies are highly heterogeneous. Indeed, moral distress in each study was assessed using a different instrument.

##### **Aims**

To describe the intensity and frequency of moral distress experienced by nurses in ICUs, as assessed by Corley's instruments on moral distress.

##### **Methods**

Systematic review was following PRISMA guidelines

##### **Results**

There are some triggers of moral distress related to patient-level factors, unit/team-level factors, or system-level causes. Also, there are a positive correlation between professional autonomy, empowerment, and moral distress scores.

##### **Conclusions**

This review could allow the early detection of those at risk of moral distress, and giving the organization some tools to implement preventive strategies.

## 61. SALA Tiziana and CERUTTI Davide

### TITLE: THE VALUE OF TIME IN ETHICAL DECISION MAKING

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### ABSTRACT

The concept of time has long been regarded as fundamental to our understanding of the world. However, recent findings from physics such as relativity have challenged the conventional view of time as an absolute and unchanging quantity. While the scientific concept of time is under ongoing scrutiny, the ethical dimension of time is often overlooked, and its role in ethical decision-making remains underexplored.

In this presentation, based on a philosophical discourse, we will argue that time possesses an intrinsic moral value that must be considered in ethical decision-making. Specifically, we will explore the quantitative and qualitative aspects of time, namely Chronos and Kairos, respectively. Chronos refers to the quantitative aspect of time and is used to determine when decisions must be made, while Kairos denotes the appropriateness of the moment or opportunity for decision-making, requiring careful reflection and interpretation.

By acknowledging the intrinsic moral value of time, we can broaden the variables that need to be considered in the ethical deliberation process. Overlooking the moral dimension of time can jeopardize the entire process, as time itself may possess a moral dimension that cannot be ignored. Therefore, it is crucial to consider both the quantitative and qualitative aspects of time in ethical decision-making processes.

In summary, in our philosophical discourse we assume that time is not just a measure but a multifaceted concept with quantitative and qualitative dimensions that play a critical role in ethical decision-making.

## 62. SCHNEIDER Dulcinéia Ghizoni

### **TITLE: GENERAL MORAL DISTRESS IN BRAZILIAN NURSES WORKING IN MENTAL HEALTH AND PSYCHIATRY**

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### **ABSTRACT**

#### **Background**

Moral distress results from situations in which the nurse encounters barriers to making ethical decisions in the face of ethical problems in care and management practice.

#### **Aims**

To assess the level of general moral distress in Brazilian nurses working in mental health and psychiatry.

#### **Methods**

Cross-sectional study carried out with nurses from different mental health services, in the 27 federative units of Brazil. Data were collected using an online format with 173 nurses, from March to June 2021, through the application of the Brazilian Scale of Moral Distress in Nurses adapted for the context of mental health (EDME-Br-SM). Descriptive and inferential statistical analysis was performed for data processing.

#### **Results**

Moderate levels of General Moral Distress (GMD) were identified in the factors "working conditions", "safety and professional autonomy", "ethical infractions", "social conflicts" and "professional ethical competence" (medians between 5.00 and 11.44), unlike the factors "defence of values and rights" and "conflicts with management", with lower levels of GMD (median between 2.20 and 3.75).

#### **Conclusions**

The levels of GMD identified among mental health nurses in Brazil reflect the dimension and amplitude of the phenomenon in the different points of care in the network. It highlights the importance of discussing strategies for coping with this problem, articulating elements such as sensitivity, resilience, courage and moral deliberation, at care and management levels.

## 63. SEIDEIN Anna-Henrikje

### TITLE: CARE RELATIONS AND ETHICAL IMPLICATIONS OF LIVE-IN MIGRANT CARE WORK

#### ABSTRACT

##### Background

Migrant live-in care workers are a main pillar of long-term care in many countries. Several studies examining their working and living conditions reveal serious problems. The discourse to date is characterized by a strong focus on legal and political questions, resulting in particularity and one-sidedness that is an obstacle to systematically grasping and dealing with *ethical* challenges.

##### Aims

Building on previous socio-empirical work that explored and set out the meaning of “care networks”, we start from the premise that live-ins are embedded in a network of relationships that go far beyond a dyad and a triad and which are essential for their employment and living situation. Our aim is to enrich this approach with an ethical perspective.

##### Methods

The theoretical analysis draws on a network approach that takes care-ethical considerations into account. We will particularly pay attention to the care ethical dimension of *trust* and the specificities of the relationships of live-in care workers in home care arrangements.

##### Results

Our approach illustrates the context-bound mutual dependency in view of which trust is both an essential prerequisite and a structural element for live-in caregivers’ everyday life. Since trust inevitably entails vulnerability, their complex interplay beyond euphemisms and demonisation of live-in care plays a decisive role in the ethical evaluation of current practices. As a result, we provide a context-sensitive normative analysis of the actors’ (im)moral actions.

##### Conclusions

We highlight the added value of considering live-ins as inextricable tied in care networks of moral actors from the dyadic micro to the pluriform macro level.

## 64. SNELLING Paul

### TITLE: WHAT NEXT FOR NURSING ETHICS.

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### ABSTRACT

As professional healthcare practice evolves, care is increasingly multi-professional, leaving boundaries between professional roles blurred. What ground remains for a normative ethics of nursing distinct from an ethics of healthcare? Many have argued that perceived differences between nursing and other healthcare ethics, often articulated as 'medical ethics', are overstated. These perceived differences stem largely from the development of the care ethics, but the (narrowing) difference can be challenged by professional demographics, limited evidence, and a movement of 'medical' ethics away from its domineering history.

As both academic discipline and normative structure, nursing ethics is visibly and ably represented by the eponymous journal whose anniversary we celebrate. One of the foremost bioethical journals, it is the only one devoted to nursing as distinct from other healthcare practices and professions. It has been said to have been the major contributor to the empirical turn in bioethics, a trend which, despite challenge, shows no sign of reversal. Drawing on published and new bibliographic analysis, the presentation argues that it's not so much the form of the mainly qualitative empirical studies that needs revision as their subjects. Too many of the studies published research nurses and not nursing. As nursing became a profession (at the same time of the birth of the journal) such introspection was perhaps inevitable, but in mature adulthood, the empirical arm of the discipline should refocus towards those who we care for, and in doing so, more effectively provide evidence to drive the normative analysis which will improve nursing practice.

## 65. SPERLING Daniel

### TITLE: RETHINKING COMPASSION IN NURSING CARE

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### ABSTRACT

#### Background

The concept of compassion refers to the emotional state of suffering with another person and seeking to minimize or alleviate this suffering. While such a concept is central in nursing care there is little discussion of whether it is a moral virtue of the nurse, an attitude, or emotional response.

#### Aims

To reconsider and conceptualize the role of compassion in nursing care.

#### Methods

The research combined theoretical analysis of the literature.

#### Results

On a first look, as a humane, spontaneous and warm emotion, compassion seems to be a desired outcome, leading also to the improvement of care and the patient's feelings. Additionally, lack of compassion may defeat personal resilience and expose the person to becoming more vulnerable. Yet, an attitude of compassionate care may demand too much of the nurse. It may result in moral distress, burnout and harm. Such a phenomenon is usually referred to as "compassionate fatigue". It follows that compassion is more than an emotional response resulting from closeness to the patient, or even from an internalized attitude toward her, which could have been based on the nurse's characteristics of being open to others. It combines elements which are desirable for the nurse and the nursing care, stemming from the more general ideas of human dignity and solidarity.

#### Conclusions

Compassion is a core ethical value in nursing ethics whose foundations are yet to be explored. Given its role in nursing care, more understanding of its force to direct nurses in their work is of high importance.

66. **SUHONEN Riitta** – Presenting Friday 14th July – 11.30am to 1.15pm

**TITLE: Promoting a Morally Competent Nurse (PROMOCON): findings of a focus group investigation**

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**ABSTRACT**

**Background**

The ethical practice of nurses is defined as a complex process that combines the processes of ethical reasoning and ethical behaviour. On the other hand, ethical competence in the healthcare setting is defined in terms of a personal capacity including ethical awareness, courage, willingness and skills in decision-making and ethical action. To identify important ethics content to be learned in nursing practice and how to support for ethical competence is important to develop a need analysis regarding the ethical competences expected in the current context to face the emerging challenges (prioritization of competencies).

**Aim**

The aim of this study is to identify which ethical competencies (knowledge, skills/behaviours, attitudes, performance) for nursing professionals should be developed in future.

**Methods**

Qualitative research approach using focus group interviews, two per participating country, will be employed. A purposeful sampling will be used, including professionals (n=36-48) and representatives of laypersons/citizens (n=36-78). Deductive content analysis/rapid review will be used to analyse data.

**Results**

A documented summary of the focus group findings including a photographic documentation of the prioritization of the needs and contents will be collected and shared and presented in the conference.

**Conclusions**

Collection of qualitative data from nurses, potential nurse educators, nursing students, leaders and other stakeholders and how moral competence manifests itself in ethically demanding situations is crucial in planning an appropriate educational intervention

outcome assessment and its content. The findings will be used to identify competences to prioritise in future nursing education.

## 67. SUIKKALA Arja

### **TITLE: PSYCHOMETRIC TESTING OF THE FACILITATIVE STUDENT-PATIENT RELATIONSHIP SCALE WITHIN SIX EUROPEAN COUNTRIES"**

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#### **ABSTRACT**

##### **Background**

Facilitative student-patient relationships are crucial in shaping the competence of future nurses to work in partnership with patients, especially in the areas of ethical and cultural confidence and ensuring the quality of care. However, involving patients in students' clinical learning, with regard and respect to their expertise, is still not well established in clinical practice.

##### **AIM**

The aim of this study was to test the psychometric properties of the Facilitative Student-Patient Relationship (FSPR) Scale in clinical practicum in hospital settings within six European countries.

##### **Methods**

A multi-country, cross-sectional survey using a 13-item FSPR Scale was applied to collect data from 1,796 graduating nursing students. Explorative factor analysis and confirmatory factor analysis were performed. Internal consistency was assessed using Cronbach's alpha.

##### **Results**

The validity and reliability of the FSPR Scale were confirmed. The explorative factor analysis yielded a two-factor construct, thus identifying two sub-scales: caring relationship and learning relationship. The two-factor structure revealed by explanatory factor analysis was confirmed by confirmatory factor analysis. Cronbach alpha coefficients indicated acceptable reliability of the scale.

##### **Conclusions**

The FSPR Scale is reliable and valid to measure two dimensions of the student-patient relationship: caring relationship and learning relationship. Recognizing the centrality of the student-patient relationships within the context of clinical education and its assessment



offers possibilities to foster preconditions for learning and provision of person-centred care. In the future, the FSPR scale should be tested in other clinical placement contexts, such as home-based healthcare.

## **68. SZABAT Marta**

**T**

### **TITLE: THE ETHICS OF HOPE IN END-OF-LIFE CARE**

#### **ABSTRACT**

##### **Background**

Nurses are confronted with ethical dilemmas between trying to avoid depriving patients of, and inspiring too much hope when this is not realistic. False or fake hope could create divisions between the expectations of patients, those of their relatives and medical staff. Tensions between nurses and patients and the dilemmas involved in this relationship reflect the reality of care.

##### **Aim**

Identifying ethical dilemmas in nursing related to the issue of maintaining patients' hope with a view to explain their background meaning and determining if this meaning could contribute to the ethics of hope in end-of-life (EOL) care.

##### **Methods**

The interpretative analysis consisted of a quality assessment and thematic analysis of included articles combined with answering the 4 research questions (4RQ) on the role of nursing dilemmas in the ethics of hope in EOL care. Literature search of articles conducted by the author in Embase, PubMed, and Web of Science Core Collection using various search strategies.

##### **Results**

After data analysis and as the answer to the 4RQ, the author elaborated the 'Conceptual framework for assessing ethical dilemmas in clinical communication' (CFAEDCC) in terms of delivering information with an element of hope based on care ethics.

##### **Conclusions**

The use of CFAEDCC in nursing practice could facilitate how sensitive issues are dealt with in EOL care. This tool might also make it easier to properly assess patients' needs and hopes in accordance with ethical standards of care.

## 69. SZYLT Regina

### TITLE: ETHICAL CHALLENGES DURING THE COVID-19 PANDEMIC: MORAL DISTRESS IN BRAZILIAN NURSES' EXPERIENCE.

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### ABSTRACT

#### Background

The care provided by nurses during the pandemic demanded constant adaptations to deal with conflicts related to the decision-making process. This study aimed to understand the ethical challenges experienced by nurses caring for patients and families in the context of COVID-19 in Brazil.

#### Methods

A phenomenological philosophical approach with analysis following the Van Manen analysis method was used. Eligible participants were nurses working in health care settings caring for COVID-19 patients who had experienced caring for patients and their families during the pandemic. Recruitment used purposive and snowball sampling. Following consent, participants contributed to semi-structured interviews, that were audio-recorded and transcribed for analysis.

#### Results

Two categories were revealed: (1) Moral distress while dealing with ethical challenges, involving situations that nurses have to deal with the crisis management in a context of uncertainties and rapid decision-making: Prioritization of practices for allocation of scarce resources, Organization and systematization of the caring practices, Division of tasks in the interprofessional team, Incorporation of practices to prevent self-contamination and contamination of nurses' own family, Deciding for measures to manage the restrictive policies for family members; (2) Perceiving ways to construct moral resilience, involving the recognition of morally conflicting issues, the limitation of autonomy for decision-making and the engagement in personal resignification mechanisms.

#### Conclusions

The COVID-19 pandemic posed universal and culture specific nurses' experience to inform nursing ethics research and practice towards the management of post-traumatic stress disorder and other mental health disorders, associated with moral distress.

## 70. VARGAS Mara

### **TITLE: ETHICAL CHALLENGES EXPERIENCED BY PEDIATRIC NURSES IN THE EXERCISE OF HEALTH ADVOCACY**

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### **ABSTRACT**

#### **Background**

In Brazil, despite health policies and laws enacting guidelines to ensure the quality and supply of health services to children, there is concern about the violation of children's rights. Therefore, health advocacy in pediatric care becomes an essential function of the nursing team.

#### **Aims**

To describe the ethical challenges experienced by pediatric nurses in the exercise of health advocacy.

#### **Methods**

A Qualitative descriptive-exploratory study was carried out online with 28 nursing professionals enrolled in the discipline Nursing in Child and Adolescent Health Care in a postgraduate program at the Federal University in Northeastern, Brazil. Data collection took place in June 2021 through conversation circles and press conferences and the instruments used was questionnaire and semi-structured script.

#### **Results**

Ethical challenges during the practice of advocacy in pediatric care were: 1) conflicts with other members of the health team; 2) professionals' lack of knowledge about children's rights. These problems occur when nurses seek to practice health advocacy, however they end up acquiring conflicts in the work environment, in addition to hostile treatment, humiliation and moral harassment.

### **Conclusions**

It is necessary to review access policies and health care, as well as the investment in training the nursing team and the, expanding multidisciplinary collaboration to generate teams of child protection teams in health services.

## 71. VARGAS Mara

### **TITLE: RESOCIALIZATION OF WOMEN IN PRISON: THE BIOETHICS OF PROTECTION**

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### **ABSTRACT**

#### **Background**

Resocialization aims to rescue the self-esteem and dignity of women in prison. It is a right guaranteed by law, providing the recovering with support for social reintegration, opportunities for change and the right to be treated with respect and dignity.

#### **Aims**

To analyze the resocialization experienced by women in prison from the perspective of Bioethics of Protection.

#### **Methods**

Ethnographic qualitative research, developed in two female prisons with 6 women, 15 health professionals and, 9 correctional officers. Data collection was performed by semi-structured interview between September/2018 and July/2019 and was analyze using Content Thematic Analysis. Study approved by the Research Ethics Committee.

#### **Results**

Four categories emerged, are them: Recidivism in prison; Resocialization and the dream of insert to the job market and; Disbelief in resocialization and the State Protection Function for women. The study made it possible to analyze the context of the resocialization of women in custody during maternity. And it revealed potential risks to resocialization, once prison has reproduced a meaningless and careless daily life of these women. Recidivism was recurrent among those in custody due to the lack of intra-mural incentives, manifested by the absence of activities that lead to the resocialization associated with the lack of opportunities. The situation of misery experienced pushes them towards a cycle of recidivism.

**Conclusions**

The proposal of the Bioethics of Protection emerges as the analytical direction to the process of facing issues in the scope of public health in prison units, aiming to support vulnerable groups.

## 72. VARGAS Mara

### **TITLE: THE COLLABORATIVE PRACTICE CONFIGURATION AS A FOUNDATION FOR PATIENT ADVOCACY STRATEGIES USED BY INTENSIVE CARE NURSES**

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### **ABSTRACT**

#### **Background**

Collaborative practice and teamwork can contribute to improving access and quality of health care. Instead of reinforcing the expectation of autonomy and full independence of each profession, in collaborative practice, professionals seek to reduce competition and to replace the imbalance in power relations in health care with relationships of interprofessional partnership and collective responsibility.

#### **Aims**

To investigate the strategies used by intensive care nurses, in situations that require patient advocacy, from the perspective of collaborative practice.

#### **Methods**

A qualitative, exploratory and, analytical research was conducted through semi-structured interviews with 25 intensive care nurses from all Brazilian regions. The study participants were intentionally invited, considering the performance of at least six months in the ICU. The data was analyzed using Discursive Textual Analysis.

#### **Results**

Three analytical categories emerged from the data, they are: Strategies used to exercise advocacy related to the quality of care; Strategies used to overcome differences of opinion in the practice of advocacy; Strategies used to overcome ethical conflicts in the advocacy. Although the results have shown a productive discussion about the strategies used, the research participants also highlighted the barriers and limitations for the exercise of patient advocacy.

#### **Conclusions**

Intensive care nurses develop their activities from an interprofessional perspective. But the strategies used are strongly linked to professional responsibility and institutional policy.



### 73. VARIATH Caroline

#### **TITLE: PARADOXES AND CHALLENGES WITH ACCESS TO ASSISTED DYING: LEARNING FROM THE PAST FOR A BETTER FUTURE**

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#### **ABSTRACT**

Under Bill C-14, in Canada many eligible people were deemed ineligible for medical assistance in dying (MAiD) following their loss of decision-making capacity. The waiver of final consent amendment (Bill C-7) to MAiD legislation introduced in 2021 was aimed at increasing access to MAiD for those at risk of loss of capacity after being found eligible for MAiD. Our study explored the experiences of healthcare providers with eligible patients' loss of decision-making capacity and subsequent ineligibility for MAiD, as well as their perspectives on using the waiver of final consent amendment to provide MAiD. Critical qualitative research was used, using semi-structured interviews with 30 participants (physicians, nurses, nurse practitioners and social workers) from various healthcare settings across Canada who had experiences with patients' loss of capacity and subsequent ineligibility for MAiD.

Guided by a feminist ethics theoretical lens with a focus on power, relationality, and moral agency, we identified on how socio-political factors that impacted access to and experiences with MAiD. The following four main paradoxes were identified in the context of MAiD: 1) expanding the MAiD legislation while neglecting socio-political barriers to patients' access to MAiD; 2) perceptions of power overshadowing the vulnerabilities and challenges experienced by MAiD team members; 3) the need for seamless access to palliative care and MAiD impacted by opposition from palliative care stakeholders; and 4) using a patient-centred approach while inadequately meeting the needs of family members. The findings have significant implications for legislative expansions to include advance requests for MAiD in Canada and globally.

## 74. VELLOSO Isabela Cancio

### **TITLE: NURSES' EXPERIENCES OF NURSES' MORAL DISTRESS DURING THE PANDEMIC: INSIGHTS OF VIRTUE ETHICS**

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#### **ABSTRACT**

##### **Background**

The COVID-19 pandemic constituted a challenge for public health worldwide and led nurses to experience extreme clinical situations, triggering moral distress. Moral distress arises on occasions when professionals know how to act ethically, but they are unable to act according to their principles and values due to internal or external constraints. From the perspective of virtue ethics, experiences of moral distress can trigger nurses' sense of invisibility to themselves, disrupting their sense of identity as nurses.

##### **Aims**

To explore nurses' experiences of moral distress during the COVID-19 pandemic in light of virtue ethics.

##### **Methods**

A qualitative study was conducted with data collected through semi-structured interviews with 19 Brazilian nurses and analyzed using thematic content analysis.

##### **Results**

Nurses experienced moral distress when having to deal with the lack of beds, work overload, decrease in the professional team, and visitor restrictions. Furthermore, they felt their voice was silenced by decisions taken by other professionals on the team, which made them feel powerless and invisible to themselves in the practice of care.

##### **Conclusions**

Moral distress distances nurses from their professional practice, leading them to not recognize themselves and removing them from the reach of care. It is important to identify and analyze experiences of moral distress to help nurses cope with this problem, given the adaptations and challenges the pandemic generated in nursing care.

## 75. VIOTTINI Elena

### **TITLE: UNDERGRADUATE NURSING STUDENTS' EXPERIENCE OF ETHICAL CHALLENGES DURING THEIR CLINICAL LEARNING**

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#### **ABSTRACT**

##### **Background**

Undergraduate nursing students often experience ethical challenges during their clinical learning that can result in moral distress and intention to leave the nursing degree program. Ethical frameworks may help to understand complex phenomena and provide actionable recommendations to satisfy nursing students' learning needs and improve their readiness for practice.

##### **Aims**

To explore undergraduate nursing students' ethical challenges experienced during their clinical learning and illuminate their experience against a foundational ethical framework.

##### **Methods**

A qualitative study was performed based on Interpretive Phenomenology Analysis. Semi structured, in-depth, in-person or at distance interviews involved 12 nursing graduates across seven sites at one North-western Italian University. The interviews were one-to-one, audio-recorded, and transcribed verbatim. The "Dignity-enhancing care framework" was employed to analyse the study findings.

##### **Results**

Students' lived experience revealed ethical challenges and professional and/or educational ethics deficiencies. When a supportive dialogical and relational context lacked, graduates experienced negative feelings about the profession and the healthcare system and the intention to leave the profession. Dialogue with peers, family members or significant others, and nursing educators, as well as self-learning activities, helped to overcome challenging situations. Graduates suggested reducing classroom-taught lessons in favour of more engaging educational strategies such as workshops based on real scenarios to improve reflection in an ethical space.

##### **Conclusions**

While complying with strict normative standards, nursing education policies could reorganise teaching by enacting strategies that foster ethical space and the reflection for students to strengthen their readiness for practice.

76. WISEMAN Allison - Presenting 14<sup>th</sup> July

**TITLE: HOW DO STUDENT NURSES SOCIALLY CONSTRUCT THEIR ASSESSMENT DECISIONS OF PEERS MEDICINES MANAGEMENT**

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**ABSTRACT**

**Background**

Medicines management is a key proficiency for student nurses, yet students report a lack of exposure to medicines management in clinical placements due to supervisor workloads. Simulation Based Learning (SBL) is integral to Pre-registration Nursing curricular, providing a valid learning strategy for learning and rehearsing medicines management skills in a safe and supportive environment away from the patient interface. Objective Structured Clinical Examinations (OSCE) using criterion based and global checklists, for summatively assessing student nurses' proficiencies. Although SBL is resource intensive, this may be mitigated by providing peer assessed learning opportunities, where students learn and assess each other may address these issues.

**Aim**

To understand students decision making when assessing peer's medicines management practice

**Methods**

Explanatory mixed methods sequential study: interpretative phenomenology. Three semi-structured focus group interviews of 2<sup>nd</sup> year student nurses who participated in phase 1 (quantitative) of the study. Interviews were recorded and transcribed verbatim for analysis. Framework analysis method

**Results**

Social construction of assessment decisions are influenced by reflective practice, peer and intuition aided judgement, situated within an ethical and moral continuum.

**Conclusions**

Understanding how students construct their decisions of safe practice aids their recontextualise of experiences. This may enhance students learning, confidence and competence to navigate and understand safe practice.

## 77. ZERULO Sipontina

### TITLE: THE EXPERIENCES OF APULIA SIDMI GROUP NURSING MANAGERS ON MANAGERIAL ETHICS.

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### ABSTRACT

#### Background

Nurse Managers (NM) have responsibilities relating to the quality of care, the welfare of the staff and running of the organization. Ethics plays significant role in these responsibilities. Managers' and staff's adherence to professional ethics helps hospitals to achieve their intended goals.

#### Aims

To explain NM' experience of managerial ethics.

#### Methods

This qualitative study was conducted based on a phenomenological design in 2023. The participants included 30 NM working in hospitals of Apulian Region. They were selected by the purposive sampling method which continued until data saturation. The data were collected by e-mail. NM were asked to provide, in a maximum of ten lines, a definition of managerial ethics according to their own experience.

#### Results

This study was carried out using four rounds of the Delphi method, to obtain a consensus from a panel of experts, since a global vision will provide more solid information than that offered by a single expert and thus reduce subjectivity.

#### Conclusions

Expressions of Managerial ethics as a clinical phenomenon in Nursing Ethics as expressed by NM were investigated. A coherence could be detected between the concepts and phenomena of Managerial ethics and NM as a context. For NM, managerial Ethics represents the central reflection that allows us to work in accordance with management's ethical principles. Managerial ethics is synonymous with the quality of interpersonal relationships and respect/achievement of business results. Ethics in management practice respects the employees' and patients' individual rights, promoting open communication and a culture of respect.

**78. ZOU Xiang**

**TITLE: THE CONTRADICTION OF GENDERED LABOR: A CASE STUDY OF DAUGHTERS' CAREGIVING IN RURAL CHINA**

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**ABSTRACT**

This study examines family care for sick older people in a rural hospital in Guangdong Province. Drawing on six months of fieldwork, I show how local families divide the duty of care for the elderly, and how care is perceived in local discourse. Specific attention is paid to competing notions of care and how their meanings are negotiated: neighbors and even family members often show themselves indifferent to elder care and care work is feminized and devalued. At the same time, family members and daughters in particular have to shoulder duties of care. The contradictory emotions of gendered care-work offer a vantage point to understand the changing dynamics of patriarchy, marketisation and state paternalism in China today.

## 79. CONIAM Patrick

### TITLE: CO-PRODUCTION OF SCHOLARSHIP ON ETHICS AND PROFESSIONALISM: CHALLENGES AND OPPORTUNITIES

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#### ABSTRACT

The University of Exeter's Academy of Nursing recently developed a book outlining the innovative "Seven Pillars of Learning" for nurse education. This project was a collaboration amongst undergraduate nursing students, members of a dedicated Patient and Public Involvement (PPI) group and of the Academy education team. Each chapter of this book focusses on one specific "pillar" and outlines the related key principles, background and application to an anonymised scenario.

One chapter, and the key focus of this presentation, is on the theme of "Ethics and Professionalism". It introduces the story of Brenda, an older person, living with dementia, having recently moved into a residential care home. The chapter explores the themes of ethics and professionalism, referencing a range of scholarship and research, before delving into ethical questions raised by the scenario. It then explores the use of an ethical decision-making tool to be applied in practice.

The final chapter of the book pulls together the themes discussed across the other chapters and indicates how the "pillars" work together through the introduction of a compound scenario with links to the other seven. This chapter was led and co-authored by students.

We provide an overview of the opportunities which presented such as the development of a wide-ranging resource to support learning and the development of curricula. We also discuss challenges experienced, which included managing collaborative writing between 30 authors of varying experiences and backgrounds.

## **80. JOKINEN Ana**

**TITLE: ETHICAL ISSUES OF E-HEALTH SERVICES FROM SERVICE USERS' PERSPECTIVE: A QUALITATIVE STUDY**

### **ABSTRACT**

#### **Aims**

Identifying and analysing the experiences of ethical issues that service users have encountered when using eHealth is important so that social and health care services can be improved. The aim of the study was to provide user-oriented knowledge that can be utilized in the usability and accessibility of functional eHealth services in social and health care.

#### **Methods**

The data of the qualitative study with a phenomenological hermeneutic philosophy approach were collected through semi-structured thematic interviews and analysed using inductive content analysis.

#### **Results**

The experiences of users of eHealth services involved the following ethical issues: privacy in eHealth, justice in eHealth, beneficence and nonmaleficence in eHealth and trust in eHealth. Ethical issues of eHealth services in social and health care were related to the protection of privacy with uncertainty about the dissemination of information and system functionality, proper compliance with the Non-discrimination Act, accessibility, incapacity and usability of eHealth services, social and health care professionals' working methods with eHealth services and the quality of eHealth services.

#### **Conclusions**

The implementation of eHealth services has failed to consider the most vulnerable citizens. This strengthens the inequality of the population and increases the risk of exclusion. eHealth services should develop to be equal, accessible and usable. Little research has been done on the topic so far, so eHealth-user-focused research is needed in the future to address the ethical challenges associated with the use of eHealth services and avoid any discrimination.



**81. FIUMANO' Pino** – Presenting Friday 14th July – 11.30am to 1.15pm

**TITLE: THE ETHIC OF COUNSELLING AND ADHESION AS AN ACT OF COMMUNITY CARE AT THE TIME OF THE GLOBAL CRISIS. LAIC RITE PROJECT - GIARDINO PARLANTE 2020, 2021, 2022...2023.**

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**Authors:** Pino Fiumanò, Graziella Costamagna, Director Di.P.Sa Dipartimento Professioni Sanitarie.

## **ABSTRACT**

### **Background**

The climate change, the dark time during the pandemic and the international geopolitical tensions define a very intricate context, a syndemia, which, as emerged at the last Global Mental Health Summit - GMHS, (2022), causes alarming consequences on people and healthcare staff mental health. It's important to raise an essential and ethical debate: what are the values that we use to guide our methodological and healthcare policy choices in caring, considering the patients themselves, their families and the society? Which values are necessary for authentic listening as new approaches to be actively present with the community in practice experience and research. (Jock, 2021), (International Network of Health Promoting Hospitals & Health Services 2020).

### **Aims**

The promotion of the well-being through the development and support of the occupational and community welfare policy of "Ordine Mauriziano" Hospital as an important opportunity in order to promote the collaboration between employees, patients and community.

### **Methods**

Social Theatre, European best practice. Community ritual, Narrative Medicine, Health education: Social Theatre Workshop.

### **Results**

620 people as citizens, patients and caregivers and 600 healthcare professionals involved. The investigation took place in 12 different settings (Public institutions, Third sector, University and Primary and Secondary schools). Three videos, 1 editorial project, 5 training workshops (children, teenagers and healthcare) and 4 community festive events have been organised and realized. The Social Theatre has been identified as a methodology and a consistent approach for the development of people involvement, in terms of an improvement of their own well-being related to the health promotion.

**Conclusions**

We have experienced in practice the ethical value of human dignity, the kind respect for those who suffer, the empathy and the need of connection with the spirituality; the beauty has been shared and used to experience the human values in Community. The project involved health care providers services and policies. It allowed people to take care of each other for a more responsible destiny, reacting to the vulnerability.

## **82. RAMASSOTTO Barbara**

### **TITLE: GENDER VIOLENCE: AN ETHICAL AND DEONTOLOGICAL IMPERATIVE OF ACTION FOR NURSES. THE EXPERIENCE OF THE AO ORDINE MAURIZIANO OF TURIN**

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#### **ABSTRACT**

##### **Background**

Violence perpetrated against vulnerable subjects, especially women of childbearing age, is largely unreported and unrecognised in the emergency health care settings to which victims rely on for care. The high under-reporting makes it difficult to make a real estimate of the burden of disease associated with episodes of domestic or intimate partner violence with consequent future risks for the patients. The nurse represents the window of opportunity for these subjects, not only for professional competence but for ethical duty and cultural choice

##### **Aims**

Describe the experience and the pathways activated in the Mauriziano Hospital Emergency Department (ED) in recent years to improve early care and accompaniment by nurses.

##### **Methods**

Project conducted in the specific context of the ED with a multidisciplinary and integrated approach (Doctors, Nurses, Midwives, Social Workers) with a particular focus on the training of nurses on the subject and the definition of a profile of advanced practice nurses who take on the role of case managers.

##### **Results**

In recent years, there has been a shift from a fragmented treatment of reported victims of violence to an early recognition and inclusion in dedicated pathways, also concerning undeclared situation. Reports, a rare event in 2015, have increased and in 2021 there were 118 accesses identified and treated as Pink Code out of a total of 46222 accesses.

##### **Conclusions**

Experience has highlighted that defining structured paths, sharing specific organizational procedures aimed at a path of taking charge and personalized accompaniment is the fundamental element to guarantee the protection of the person and respect for human dignity. Reflection on the importance of the proactive and social role of the nurse who, when detecting and highlighting deprivation, violence or mistreatment of the person cared for, takes action so that there is a rapid intervention to protect the person

## 83. CAMPANI Daiana

### TITLE: PATIENTS' STORIES SUPPORT DISCUSSIONS OF BIOETHICS WITH CITIZENS AND HEALTHCARE PROFESSIONALS

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#### ABSTRACT

##### Background

The daily practice of nursing care is fraught with perplexities and obliges nurses to make choices in which important moral values come into play. The most effective method for conveying ethical-deontological content to healthcare professionals is through comparisons with clinical cases (the patients' stories) because healthcare professionals prefer to begin from practice rather than from theoretical approaches.<sup>1</sup>

##### Aims

The objective is to identify an original and effective tool for transmitting ethical-deontological content to healthcare professionals, students, and the general public, which has become more sensitive to ethical issues in healthcare during the pandemic period.

##### Methods

*Stories of people, voices of nurses*<sup>2</sup>, published in 2020, presents itself as a collection of about sixty ethical stories, experienced and directly told by nurses and partially analyzed using Spinsanti's case analysis method.<sup>1</sup> The anonymised stories in the book were collected during ad hoc training courses (focus groups) conducted among volunteer multidisciplinary groups of professionals, mainly nurses.<sup>3</sup> Participants provided consent for the publication of the stories and were guaranteed confidentiality.

##### Results

The book, which widely targets the general public, professionals, and students, represents the first publication of its kind in Italy. The stories are classified according to the major ethical themes of everyday care practice and frontier bioethics. One chapter is dedicated to the ethical issues that emerged during the pandemic, and another is dedicated to international stories.

##### Conclusions

The book has proven to be a useful tool for i) conveying a positive social image of the nursing profession and ii) providing a method of ethical-deontological reasoning for decision making.

84. **WISAK Johanna** - Presenting Friday 14th July – 11.30am to 1.15pm

**TITLE: INTERVENTIONS TO PROMOTE MORAL COMPETENCIES IN QUALIFIED NURSES AND NURSING STUDENTS: FINDINGS OF A SYSTEMATIC REVIEW**

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**ABSTRACT**

**Background**

Qualified nurses' and nursing students' moral competence is needed to ensure ethically high-level quality of nursing care in all care settings. It can be promoted with several methods, interventions or other factors, of which teaching methods are the most common. Moral competence has been defined in terms of perceptions (seeing), knowledge (knowing), reflection, deliberation and acting as professional caregiver, and is utmost important in all nursing care settings.

**Aims**

The aims of the study are (a) to define what are the factors that contribute to the promotion of qualified nurses' and nursing students' moral competence and (b) to define what are the outcomes that these contributing factors have resulted in.

**Methods**

An integrative review is conducted by approaching six scientific databases. Studies with qualified nurses or nursing students in their population; referring to all factors that contribute to the promotion of their moral competence in all care settings; having empirical data, will be included. Quality appraisal will be conducted by using Joanna Briggs Institute Critical Appraisal Tools and inductive content analysis will be used for data analysis.

**Results**

Qualified nurses' and nursing students' moral competence is contributed by several factors, including many interventions, learning/teaching and other methods. A summary of the findings will be shared and debated during the symposium.

**Conclusions**

Defining the factors that contribute to the promotion of qualified nurses and nursing students' moral competence is a key information, that researchers and policy makers can used to develop a morally competent nurses' profile.

## 85. WIISAK Johanna

### **TITLE: A CONCEPTUAL MODEL OF REASONING FOR WHISTLEBLOWING IN HEALTH CARE**

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### **ABSTRACT**

#### **Background**

Wrongdoing occurs globally in health care. Whistleblowing is recognised as an ethical action, aiming to end wrongdoing, thereby contributing to ethically high-quality health care. Whistleblowing requires health care professional's reasoning as it is potentially complicated with a risk of possible negative consequences for oneself.

#### **Aims**

The aim of the study was to develop a conceptual model of reasoning for whistleblowing in health care.

#### **Methods**

An integrative approach of exploring the phenomenon of whistleblowing for wrongdoing through multiple sources and theorising was used. Two data collection from health care professionals produced four sub-data: statistical data based on two surveys (n=278, sub-data I; n=454 sub-data IV), and two sets of narratives (n=226, sub-data II; n=244, sub-data III).

#### **Results**

A conceptual model of reasoning for whistleblowing consists of three main concepts: 1) wrongdoing, 2) reasoning, and 3) whistleblowing; and their relationships. Reasoning is the central construct consisting of the patterns and dimensions of reasoning and the core category: "The formation of morally courageous intervening". The model outlines a process from a suspicion or an observation of wrongdoing through individual, collaborative or collective reasoning into an internal or external whistleblowing aiming to decrease and prevent wrongdoing.

#### **Conclusions**

The results produce a new theoretical understanding on the phenomenon of whistleblowing for wrongdoing in the field of health sciences and professional ethics by advancing health care and nursing ethics research. Results can be implemented in health care and nursing practice and education as well as policy making, to decrease and prevent potential wrongdoing.

## 86. SADEGH AGHILI Mohammad

### **TITLE: NURSE STAFFING AND CONTRACTING COVID-19 IN NURSING HOMES IN IRAN: IMPLICATIONS FOR ETHICAL DECISION-MAKING**

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#### **ABSTRACT**

##### **Background**

Nursing homes are high risk environments for contracting and mortality of COVID-19 of residents. Identifying of risk factor of SARS-CoV-2 infection will help to make better decision-making in order to control of the infection in nursing homes.

##### **Aim**

Identifying the predictors of contracting COVID-19 among older people in nursing homes in Iran.

##### **Methods**

A case-control study was conducted on 409 nursing home residents aged 60 years and above, with a 1:2 ratio of those infected with SARS-CoV-2 to those not infected from six nursing homes in Tehran between March 25 and July 12, 2021. Participants completed a questionnaire comprising demographic and underlying disease questions, practice about prevention principles of SARS-CoV-2 infection, probably predisposing factors of the infection, and environmental and staff characteristic of nursing homes. Logistic regression was used to determine risk factors associated with contracting COVID-19.

##### **Results**

The mean age was 77.37 ( $\pm 9.20$ ) years; 54% were female. A logistic regression model showed that the most important predictors of becoming infected by SARS-CoV-2 included not using mask outside of room (odds ratio (OR): 3.37, 95%CI: 1.74-6.53), longer staff shifts (OR: 3.02, 95%CI: 1.68-5.43), using cloth mask or not wearing a mask (OR: 2.47, 95%CI: 1.13-5.42), and not having glass barrier in visitors space (OR: 1.95, 95%CI: 1.11-3.50).

##### **Conclusions**

The results of this study can assist in reducing SARS-CoV-2 infections in older people institutionalized in nursing homes. These data items can inform nursing managers for ethical decision-making in order to arrange adequate nurse staffing in pandemic of COVID-19.

87. **ZANINI Milko** - Presenting 14<sup>th</sup> July 11.30 am – 1.15pm

**TITLE: COMPARISON OF DIFFERENT NUTRITION PROGRAMS IN PATIENTS WITH PARKINSON'S DISEASE AND DYSPHAGIA: SINGLE-CASE EXPERIMENTAL DESIGN.**

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**ABSTRACT**

**Background**

Quality of Life (QoL) of patients with Parkinson's disease (PD) is influenced by both motor and non-motor symptoms<sup>1</sup>. The impact of the non-motor component on the patient is little investigated, although it completely affects patients' lives from a social, cultural, and psychological point of view<sup>2</sup>. Nutrition and hydration, constituting in many pathologies also a therapeutic tool, are associated with a set of other factors (social, emotional, cultural) that makes them unique in the panorama of treatments and, therefore, not without a type of even more refined reflection on the choices of the professionals. The different domains of the Non-Motor Symptoms scale allow the identification of outcome for the patient and his family<sup>3</sup>. The aim of the study is to evaluate the effectiveness of the nutritional Weancare Program on QoL in patients with Parkinson's disease. Giving patients the opportunity to rediscover the tastes and foods of their tradition even when forced to use modified consistencies, is an ethical and social response to a need for recognition of one's own culture and tradition, improving their mood and the socialization of meals.

**Methods**

The Weancare Program was trialled on an 84-year-old patient suffering from a tower of Pisa syndrome and compared to a patient receiving standard diet for dysphagic patients. Patients were assessed at the baseline (T0) and at month four (T1). Assessment included serological tests, bioimpedance metrics and the QoL through the New Non-Motor Symptoms Scale (NNMS). Patients have been interviewed during the study.

**Results**

Patient assigned to Weancare Program had a better QoL after 4 months (-16.6 overall NNMS score) than did patient in standard diet (no differences). Compared to patient in standard diet, patient in the Weancare Program showed an improvement in sleep and asthenia (-9), mood and cognition (-26); gastrointestinal tract (-5); 2-hour walk, or 45-minute aerobic workout were added in his daily routine.

**Conclusions**

The results highlight a potential impact of the Weancare program in improving the QoL of dysphagic patients with PD. Giving importance also to the taste of meals improves not only physical and physiological aspects, but also the experience of patients' mealtime, and therefore also their dignity. Giving the patient the opportunity to rediscover the tastes and



foods of his tradition even when forced to use modified consistencies, is an ethical and social response to a need for recognition of one's own culture and tradition.